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December 23, 2004

The Honorable Board of Supervisors
County of Los Angeles
Kenneth Hahn Hall of Administration
500 West Temple Street
Los Angeles, CA 90012

Dear Supervisors:

**AMENDMENTS OF THE BYLAWS FOR THE PROFESSIONAL STAFF
ASSOCIATION OF THE LOS ANGELES COUNTY – MARTIN LUTHER KING,
JR./CHARLES R. DREW MEDICAL CENTER (Second District) (3 Votes)**

IT IS RECOMMENDED THAT YOUR BOARD:

Approve and instruct the Chair to sign the attached Bylaws of the Professional Staff Association of Los Angeles County – Martin Luther King, Jr./Charles R. Drew Medical Center as amended (Exhibit I), effective upon Board approval and continuing for an indefinite period of time, with no fiscal impact.

PURPOSE/JUSTIFICATION OF RECOMMENDED ACTION:

In approving this action, the Board is authorizing revisions to the Bylaws of the Professional Staff Association of Los Angeles County – Martin Luther King, Jr./Charles R. Drew Medical Center. These revisions are recommended at this time to reflect changes in procedures, responsibilities, relationships, current requirements of the Joint Commission on Accreditation of Healthcare Organizations (JCAHO), and organization and/or administrative changes in the Department of Health Services and the Professional Staff Association that have occurred since the last Bylaws amendments made in 1997.

Section 2.76.540 of the Los Angeles County Code provides for the establishment of professional staff associations and privileges for professional staff in County hospitals. This Code section requires that such organizations shall function in accordance with Bylaws which have been approved by the Board of Supervisors. The Bylaws of the Professional Staff Association of the Los Angeles County - Martin Luther King, Jr./Charles R. Drew Medical Center were last approved by the Board of Supervisors on November 12, 1997.

The attached Bylaws amendments were approved by the Department of Health Services and the membership of the Professional Staff Association of Los Angeles County – Martin Luther King, Jr./Charles R. Drew Medical Center on August 16, 2004.

FISCAL IMPACT/FINANCING:

None. There are no monetary payments associated with these Bylaws.

FACTS AND PROVISIONAL/LEGAL REQUIREMENTS:

The major areas in the existing Bylaws where changes are requested are as follows:

1. Revision of the definition of the Assistant Director to the Chief Medical Officer of Health Services.
2. Revision of the definition of the Hospital Administrator to the Chief Executive Officer.
3. Revision of the definition of the Medical Director to the Chief Medical Officer.
4. Revision of the definition of the Medical School to the Professional School.
5. Revision of the definition of the Director of Nursing to the Chief Nursing Officer.
6. Addition of a provision providing that persons in medico-administrative positions, who desire Professional Staff Association membership and/or clinical privileges, are subject to the same requirements as all other applicants for Professional Staff Association membership or clinical privileges.
7. Revision of a provision to allow the Executive Committee to determine whether to limit or restrict the clinical privileges of any practitioner who provides health services at Los Angeles County – Martin Luther King, Jr./Charles R. Drew Medical Center under the contract of a non-County entity in the event that the practitioner has his/her clinical privileges limited or restricted by such non-County entity.
8. Revision of a provision to allow the Executive Committee to determine if the Professional Staff Association membership and clinical privileges of any practitioner who is a County Civil Service employee, whether classified or unclassified, shall automatically terminate upon termination of County employment or transfer or assignment to another County facility.
9. Addition of basic responsibilities of Professional Staff Association membership. For example, these basic responsibilities include a requirement that a practitioner must notify the Chief Medical Officer in writing, if the practitioner's membership or clinical privileges at any hospital are voluntarily or involuntarily revoked, suspended, reduced, not renewed or relinquished; or if any professional liability litigation involving the practitioner has been to final judgment, is settled, or is in progress; or if the practitioner's Drug Enforcement Administration certificate or his/her license to practice any profession in any jurisdiction, are voluntarily or involuntarily revoked, suspended, reduced, not renewed, or relinquished. These basic responsibilities also include, for example, a requirement that a practitioner shall participate in continuing education programs as determined by the Professional Staff Association and a requirement that a practitioner shall abide by all Professional Staff Association and Department of Health Services policies and procedures, including, without limitation, those related to the Health Insurance Portability and Accountability Act (HIPAA).

10. Revision of the appointment and reappointment process to include a requirement that the applicant may be required to submit to a medical or psychological examination, at the applicant's expense, if deemed appropriate by the Executive Committee, which may select the examining physician.
11. Revision of the appointment and reappointment process to include a requirement that the Chief Medical Officer must promptly notify the applicant if any information obtained from primary sources varies from that provided by the applicant.
12. Clarification of the requirements for eligibility for, and granting of, temporary clinical privileges.
13. Addition of a provision for the granting of emergency clinical privileges during a disaster.
14. Addition of a provision to require clinical privileges for telemedicine for practitioners who desire to treat patients by telemedicine link (e.g., telephone, e-mail).
15. Addition of a provision under automatic suspension to require restriction of the right of a practitioner to prescribe medications, as determined by the Executive Committee, if, and to the extent that, his/her Drug Enforcement Administration certificate is restricted.
16. Addition of a provision to allow the Executive Committee to make changes to the clinical departments of the Professional Staff Association, subject to the approval of the Director of Health Services, without the necessity of a Bylaws amendment, and to require that the clinical departments shall reflect the scope of services provided within the Los Angeles County – Martin Luther King, Jr./Charles R. Drew Medical Center. Addition of a provision that it shall be exclusively within the control and discretion of the Director of Health Services and the Board of Supervisors to establish the scope and venue of services provided within the Los Angeles County – Martin Luther King, Jr./Charles R. Drew Medical Center, including, but not limited to, the creation, elimination, consolidation or modification of specific departments of the Los Angeles County – Martin Luther King, Jr./Charles R. Drew Medical Center. Deletion of the provision that allowed the Director of Health Services to make changes to clinical departments, without the necessity of a Bylaws amendment.
17. Revision of a provision relating to the qualifications, appointment, removal and responsibilities of department chairs and division chiefs.
18. Addition of a provision designating the Chief Medical Officer as an ex officio officer of the Professional Staff Association serving as the Secretary. Elimination of the offices of Executive Vice President and Secretary/Treasurer from the officers of the Professional Staff Association.
19. Addition of a provision to allow for the removal of an ex-officio officer of the Professional Staff Association.
20. Revision of the duties of the President, President-Elect and Secretary of the Professional Staff Association.

21. Changes in various provisions relating to the Professional Staff Association committees membership and duties to reflect current practice, for example:

Executive Committee – Added the immediate past president of the Professional Staff Association, the Associate Medical Director, the Director of Health Services (ex officio) and the Chief Medical Officer for Health Services (ex-officio) to the membership of the Executive Committee. Added a duty to evaluate the healthcare rendered to patients in the Los Angeles County – Martin Luther King, Jr./Charles R. Drew Medical Center. Added a duty to develop continuing education activities and programs for the Professional Staff Association. Added a duty to assess and make recommendations regarding the selection of contract health services and the evaluation of such services through Department of Health Services monitoring activities. Revised the meeting requirements from monthly meetings to meetings ten months per year.

Credentials Committee – Revised duties to reflect current practice.

Improving Organizational Performance Committee – Revised duties to reflect current terminology and practice.

Utilization Management Committee - Revised duties to reflect current terminology and practice.

Medical Records Committee – Revised duties to reflect current practice.

Pharmacy and Therapeutics Committee – Revised duties to reflect current practice.

Infectious Disease Control and Prevention Committee – Revised duties to reflect current practice.

Operative and Invasive Procedures Committee – Revised duties to reflect current practice.

Risk Management Committee – Added the committee and defined its membership and duties to reflect current practice.

Well Being of Practitioners Committee – Revised duties to reflect current practice.

Bylaws Committee – Changed name of the committee to the Bylaws and Rules and Regulations Committee. Revised the meeting requirements from periodic meetings to meetings at least annually.

Institutional Peer Review Committee – Eliminated the committee to reflect current practice. The functions of the committee are now performed by the departments.

Interdisciplinary Practice Committee – Added the committee and defined its membership and duties to reflect current practice. These duties include, for example, making recommendations for the development of standardized procedures applicable to allied health professionals, approving the standardized procedures which are subject to approval by the Executive Committee, and making recommendations for the credentialing of allied health professionals.

22. Deletion of the requirement for quarterly meetings of the Professional Staff Association. An annual meeting of the Professional Staff Association is still required.
23. Addition of a provision that the Director of Health Services' approval of the Professional Staff Association rules and regulations, adopted by the Executive Committee, shall not be withheld unreasonably, that such rules and regulations shall be reviewed, and may be revised if necessary, at least every two years, and that if there is any conflict between the Bylaws and such rules and regulations, the Bylaws shall govern.
24. Revision of indemnification and insurance requirements, as approved by the CAO Risk Management, which are applicable to any practitioner who provides health services at the Los Angeles County – Martin Luther King, Jr./Charles R. Drew Medical Center and who bills patients for these health services.
25. Revisions to clarify and generally require that the Director of Health Services must consider the recommendations, if any, of the Executive Committee when granting, modifying, suspending or terminating Professional Staff Association membership and/or clinical privileges and when taking action to accommodate and carry out orders of the Civil Service Commission or other Civil Service requirements.
26. Clarification that the Board of Supervisors' approval of Bylaws amendments shall not be withheld unreasonably and that neither the Professional Staff Association nor the Board of Supervisors may unilaterally amend the Bylaws.

County Counsel has approved these Bylaws amendments (Exhibit I) as to form.

The Chief Administrative Office Risk Management has approved the indemnification and insurance provisions of the Bylaws.

CONTRACTING PROCESS:

Not applicable.

IMPACT ON CURRENT SERVICES (OR PROJECTS):

None.

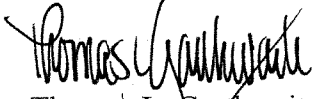
CONCLUSION:

The Department of Health Services is recommending that the Board approve the Bylaws of the Professional Staff Association of Los Angeles County – Martin Luther King, Jr./ Charles R. Drew Medical Center as amended.

The Honorable Board of Supervisors
December 23, 2004
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When approved, this Department requires four signed copies of the Bylaws.

Respectfully submitted,

A handwritten signature in black ink, appearing to read "Thomas L. Garthwaite".

Thomas L. Garthwaite, M.D.
Director and Chief Medical Officer

Attachment (1)

c: Chief Administrative Officer
County Counsel
Executive Officer, Board of Supervisors

MLK BYLAWS.DOC

1 ~~BY LAWS~~

2 BYLAWS

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10 LOS ANGELES COUNTY

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12 MARTIN LUTHER KING, JR./CHARLES R. DREW MEDICAL CENTER

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15 DRAFT #1 - 1/26/04

16 DRAFT #2 - 3/29/04

17 DRAFT #3 - 4/7/04

18 DRAFT #4 - 4/13/04

19 DRAFT #5 - 4/13/04

20 DRAFT #6 - 4/21/04

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PREAMBLE

The purposes of the Professional Staff Association of the Los Angeles County Martin Luther King, Jr./Charles R. Drew Medical Center shall be to maintain, subject to the ultimate authority and responsibility of the Los Angeles County Board of Supervisors, professional standards for health services rendered to patients in the Los Angeles County Martin Luther King, Jr./Charles R. Drew Medical Center; to function as the single organized professional staff that has overall responsibility, subject to the ultimate authority and responsibility of the Los Angeles County Board of Supervisors, for the quality of the professional services provided by persons with clinical privileges as well as the responsibility of accounting therefor to the Los Angeles County Board of Supervisors; to ensure that all patients receive high quality care; to offer a means of prompt and efficient cooperation with the Administration of the Medical Center, the ~~Associate Director~~ Chief Medical Officer of Health Services, ~~Clinical and Medical Affairs~~, the Director of the Department of Health Services, the Los Angeles County Board of Supervisors, and Los Angeles County professional associations and schools; and to stimulate professional and scientific contributions by members of Professional Staff Association to increase the value of the Medical Center as a training institution for members of the Professional Staff Association, residents, interns, medical students, technicians and nurses, as well as members of the medical, dental, and ancillary professions at large.

DEFINITIONS

1. HOSPITAL or MEDICAL CENTER means the Los Angeles County Martin Luther King, Jr./Charles R. Drew Medical Center.
2. GOVERNING BODY means the Board of Supervisors of Los Angeles County.
3. DIRECTOR means the Director of the County Department of Health Services delegated by the Governing Body to act on its behalf in the overall management of Department of Health Services' hospitals and clinics, one of which is the ~~Martin Luther King, Jr./Charles R. Drew Medical Center.~~
4. ~~ASSISTANT DIRECTOR~~ CHIEF MEDICAL OFFICER OF HEALTH SERVICES means the administrator, whose title is ~~Associate Director~~ Chief Medical Officer of Health Services, ~~Clinical and Medical Affairs,~~ appointed by the Director to act on behalf of the Director in the overall management of Department of Health Services' hospitals and clinics.
5. ~~HOSPITAL ADMINISTRATOR~~ CHIEF EXECUTIVE OFFICER or ADMINISTRATOR means the person, whose title is ~~Hospital Administrator~~ Chief Executive Officer, appointed by the Director to act on behalf of the ~~Assistant~~ Director in the overall management of the Medical Center.
6. ~~CHIEF MEDICAL DIRECTOR~~ OFFICER means the physician, whose title is Chief Medical Director Officer, appointed by the Director to act on behalf of the ~~Hospital Administrator~~ Chief Executive Officer in the management and attending staff coordination of the medical and professional affairs of the Medical Center.
7. PHYSICIAN means an individual who is a graduate of an approved school of medicine or osteopathy and who is licensed to practice medicine in the State of California.
8. DENTIST means an individual who is a graduate of an approved school of dentistry and who is licensed to practice dentistry and perform oral surgery in the State of California.
9. PODIATRIST means an individual who holds a D.P.M. degree conferred by an approved school and who is licensed to practice podiatry in the State of California.
10. CLINICAL PSYCHOLOGIST means an individual who holds an appropriate ~~doctorate degree of Ph.D. or its equivalent in psychology~~ conferred by an approved school and who is licensed to practice clinical psychology in the State of California.
11. ATTENDING STAFF means all physicians, podiatrists, dentists, and clinical psychologists who attend or consult regarding patients at the Medical Center regardless of whether such persons are County Civil Service classified or unclassified employees, ~~or~~ Association members, or holders of temporary or emergency privileges.
12. DEPARTMENT means those specialties recognized by the American Board of Medical Specialties when such specialties are granted such status under these bylaws. Dentistry is also designated as a department. A department may include one or more divisions.
13. DIVISION means those subdivisions of departments, designated under these bylaws, which may or may not be recognized as specialties by the American Board of Medical Specialties.
14. ALLIED HEALTH PROFESSIONAL means an individual, other than a physician,

- 374 podiatrist, dentist, or clinical psychologist, who exercises independent
375 judgment within the areas of his/her professional competence and the
376 limits established by the department, Association, and applicable law,
377 who is qualified to render direct or indirect patient care under the
378 supervision of an Association member, and who is licensed, and has been
379 accorded privileges, to provide such care in the Medical Center. -
380
- 381 15. ASSOCIATION means the formal organization of licensed physicians,
382 dentists, podiatrists, and clinical psychologists at the Medical Center
383 which is ~~known~~ formally known as the Professional Staff Association of
384 the Los Angeles County Martin Luther King, Jr./Charles R. Drew Medical
385 Center.
386
- 387 16. EXECUTIVE COMMITTEE means the Executive Committee of the Association.
388
- 389 17. PRACTITIONER means, unless otherwise expressly limited, any physician,
390 dentist, podiatrist, or clinical psychologist who is applying for or
391 exercising clinical privileges in the Medical Center.
392
- 393 18. CLINICAL PRIVILEGES or PRIVILEGES means the permission granted to a
394 practitioner to render specific diagnostic, therapeutic, medical,
395 dental, podiatric, surgical, or clinical psychological services at the
396 Medical Center.
397
- 398 19. ASSOCIATION YEAR means the period from the first day of July to the last
399 day of June, inclusive.
400
- 401 20. PRESIDENT means the President of the Association.
402
- 403 21. ~~MEDICAL~~ PROFESSIONAL SCHOOL means the College of Medicine of the Charles
404 R. Drew University of Medicine and Sciences.
405
- 406 22. DEAN means the Dean of the ~~Medical~~ Professional School, who is also the
407 Chief Academic Officer of the ~~Medical~~ Professional School.
408
- 409 23. ~~DIRECTOR OF NURSING~~ CHIEF NURSING OFFICER means the nurse, whose title
410 is ~~Director of Nursing~~ Chief Nursing Officer, appointed by the Director.
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416 ARTICLE I

417 NAME

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420 The name of this organization shall be the Professional Staff Association of
421 the Los Angeles County Martin Luther King, Jr./Charles R. Drew Medical Center.
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423

424 ARTICLE II

425 MEMBERSHIP

426 SECTION 1. NATURE OF MEMBERSHIP

- 427
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429
430 A. Membership in the Association is a privilege which shall be
431 extended only to professionally competent and licensed physicians,
432 podiatrists, dentists, and clinical psychologists, who
433 continuously meet the qualifications, standards, and requirements
434 set forth in these bylaws.

- B. Physicians, dentists, podiatrists, and clinical psychologists employed by the Medical Center in a purely administrative capacity with no clinical duties are subject to the regular personnel policies of the Medical Center and need not become members of the Association.
- C. Physicians, dentists, podiatrists, and clinical psychologists whose duties include clinical responsibilities or functions involving their professional capabilities, are eligible to apply for membership in the Association. Persons in medico-administrative positions who desire Association membership and/or privileges are subject to the same requirements as all other applicants for Association membership or privileges.
- D. Interns, residents, fellows, allied health professionals, and students shall not be eligible for ~~Association membership in the Association.~~
- E. Membership in the Association is separate and distinct from any individually granted clinical privileges, and Association membership shall not automatically confer any clinical privileges, and appointment to Association membership shall confer only those clinical privileges which have been granted in accordance with these bylaws.
- F. No practitioner who is not a County Civil Service classified employee shall admit or provide any health services to any patient in the Medical Center unless and until the practitioner becomes a member of the Association or has been granted temporary privileges in accordance with these bylaws.
- G. Notwithstanding any other provision of these bylaws, the Association membership and clinical privileges of any practitioner, who has any contract with the County to provide health services at the Medical Center, or who provides health services at the Medical Center under the contract of a non-County entity, shall automatically terminate on the date of expiration or termination of such contract, and the practitioner shall not be entitled to a hearing and appellate review under Article VII, provided that the practitioner shall retain his/her Association membership and clinical privileges to the extent necessary for any employment at the Medical Center as a County classified employee.
- H. Notwithstanding any other provision of these bylaws, if a practitioner, who provides health services at the Medical Center under the contract of a non-County entity, has his/her authority to provide such health services limited or restricted by such non-County entity, then those clinical privileges which he/she has been granted that are within the scope of such limitation or restriction, as determined by the Executive Committee, shall be immediately and automatically terminated on the date, if any, that the Executive Committee, in its sole discretion, approves in writing such termination, and the practitioner shall not be entitled to a hearing and appellate review under Article VII, provided that the practitioner shall retain his/her clinical privileges to the extent necessary for any employment at the Medical Center as a County Civil Service classified employee.
- I. Notwithstanding any other provision of these bylaws, the Association membership and clinical privileges of any practitioner who is a County Civil Service employee, whether classified or unclassified, shall automatically terminate on the date of

497 termination of County employment or on the date that the
498 practitioner transfers or is assigned to another County facility,
499 unless prior to such applicable date, the Executive Committee, in
500 its sole discretion, does not approve in writing such termination,
501 and the practitioner shall not be entitled to a hearing and
502 appellate review under Article VII.
503

504 SECTION 2. QUALIFICATIONS FOR MEMBERSHIP
505

506 Only physicians, podiatrists, dentists, and clinical psychologists licensed
507 to practice in the State of California who can document their background,
508 experience, training, current California licensure, current Drug Enforcement
509 Administration certification (for physicians, dentists and podiatrists),
510 experience, training, and demonstrated competence, their adherence to the
511 ethics of their profession, their good reputation, their current physical and
512 mental health status, and their ability to work with others, with sufficient
513 adequacy to demonstrate to and assure the Association and the Director that
514 they are professionally and ethically competent and qualified and that any
515 patient treated by them in the Medical Center will be given a high quality
516 of care, shall be qualified for membership in the Association. No physician,
517 podiatrist, dentist, or clinical psychologist shall be entitled to membership
518 in the Association or to the exercise of any clinical privileges in the
519 Medical Center merely by virtue of the fact that he/she is duly licensed to
520 practice medicine, podiatry, dentistry, or clinical psychology in this or any
521 other state, or that he/she is a member of any professional organization, or
522 that he/she had in the past, or presently has, such privileges at another
523 hospital.
524

525 SECTION 3. CONDITIONS AND DURATION OF APPOINTMENT
526

- 527 A. Initial appointments and reappointments to the Association shall
528 be made by the Director. The Director shall act on appointments,
529 reappointments, or suspension or revocation of appointments only
530 after there has been a recommendation from the Executive Committee
531 as provided in these bylaws, provided that in the event of
532 unwarranted delay on the part of the Executive Committee, the
533 Director may act without such recommendation on the basis of
534 documented evidence of the applicant's or Association member's
535 professional and ethical qualifications obtained from reliable
536 sources other than the Executive Committee.
537
- 538 B. Except as otherwise provided in Section 3 of Article III,
539 initial appointments shall be provisional for a maximum period
540 of six (6) months. ~~Initial appointments and any reappointments~~
541 ~~shall each be for a period of not more than twenty four (24)~~
542 ~~months.~~ Prior to the conclusion of the provisional period, the
543 appropriate department chairman shall recommend to the Credentials
544 Committee, which shall recommend to the Director through the
545 Executive Committee, the removal of provisional status and
546 appointment to the Active Staff, Consulting Staff, or Courtesy
547 Staff, as appropriate, or the termination of the appointment.
548 Initial appointments and any reappointments shall each be for a
549 period of not more than twenty-four (24) months.
550
- 551 C. Appointment to the Association shall confer on the appointee only
552 those clinical privileges as have been granted by the Director in
553 accordance with these bylaws.
554
- 555 D. Every application for membership shall be signed by the applicant
556 and shall contain the applicant's specific ~~acknowledgement~~
557 acknowledgment of every member's obligation to abide by the
558 Association bylaws, rules and regulations, and applicable

Governing Body policies; to accept committee assignments; to accept consultation assignments; and where applicable by reason of medical, surgical, podiatric, dental, or clinical psychological privileges being sought, to provide proper care and supervision of his/her patients; to participate in staffing the teaching service areas and other special care units; to participate in the quality assurance assessment and improvement and peer review activities of the departments and divisions; and to acknowledge that all patients of the Medical Center should be a part of the established educational program.

SECTION 4. NONDISCRIMINATION

No applicant shall be denied Association membership or clinical privileges on the basis of age sex, gender, race, age, creed, color, national origin, or any other criterion not based upon on professional justification.

SECTION 5. BASIC RESPONSIBILITIES OF ASSOCIATION MEMBERSHIP

The ongoing responsibilities of each Active Staff, Provisional Staff, Consulting Staff, and Courtesy Staff member of the Association shall include, but are not limited to:

- A. Providing patients with continuing care and quality of care meeting the professional standards of the attending staff of the Medical Center.
- B. Abiding by the Association bylaws and rules and regulations and departmental rules and regulations.
- C. Discharging in a responsible and cooperative manner such reasonable responsibilities and assignments imposed upon the member by virtue of Association membership, including, but not limited to, committee assignments and performance improvement and risk management activity.
- D. Preparing and completing in a timely fashion medical records for all the patients to whom the member provides care in the Medical Center.
- E. Abiding by the lawful ethical principles of the California Medical Association and/or the member's professional association.
- F. Participating in any Association approved educational programs for members of the attending staff, nurses and other personnel, as requested.
- G. Working cooperatively with members, nurses, Medical Center Administration to ensure proper patient care.
- H. Making appropriate arrangements for coverage of the member's patients as determined by the Association.
- I. Refusing to engage in improper inducements for patient referral and adhering to County policy regarding "running and capping".
- J. Participating in continuing education programs as determined by the Association.
- K. Participating in such emergency coverage or consultation panels as may be determined by the Association.

- 621 L. Discharging such other attending staff obligations as may be
622 lawfully established from time to time by the Association.
623
624 M. Providing information to and/or testifying on behalf of the
625 Association, the County or any practitioner under review regarding
626 any matter under review pursuant to Articles VI and VII.
627
628 N. Notifying, in writing, the Chief Medical Officer immediately
629 after, but in no event later than ten(10) days after, the
630 occurrence of any of the following: (1) the practitioner is
631 notified in writing by the Medical Board of California or other
632 appropriate State licensing agency that an investigation regarding
633 the practitioner is being conducted, (2) the practitioner is
634 served with an accusation by the Medical Board of California or
635 other appropriate State licensing agency, (3) the practitioner is
636 served with a statement of issues by the Medical Board of
637 California or other appropriate State licensing agency, (4) the
638 practitioner's membership and/or clinical privileges are
639 voluntarily or involuntarily revoked, suspended, reduced, not
640 renewed, or relinquished at any hospital or health care
641 facility, (5) the practitioner's membership in any local, state, or
642 national medical societies, his/her Drug Enforcement
643 Administration certificate, or his/her license to practice any
644 profession in any jurisdiction, are voluntarily or involuntarily
645 revoked, suspended, reduced, not renewed, or relinquished,
646 and/or (6) any professional liability litigation involving the
647 practitioner proceeds to final judgment, is settled, or is in
648 progress.
649
650 O. Abiding by all Association and Department of Health Services
651 policies and procedures, including, without limitation, those
652 related to the Health Insurance Portability and Accountability Act
653 (HIPAA).
654
655

656 ARTICLE III

657 CATEGORIES OF ASSOCIATION MEMBERSHIP

658 SECTION 1. MEMBERSHIP CATEGORIES

659 The Association membership shall be divided into:

- 660 A. The Active Staff
661
662 B. The Provisional Staff
663
664 C. The Consulting Staff
665
666 D. The Emeritus Staff
667
668 E. The Courtesy Staff
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670
671
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673

674 SECTION 2. ACTIVE STAFF

675 The Active Staff shall consist of physicians, dentists, podiatrists, and
676 clinical psychologists who regularly admit or attend patients in the Medical
677 Center and who assume all the functions and responsibilities of membership in
678 the Association, including, where appropriate, teaching and consultation
679 assignments. Members of the Active Staff shall be appointed to a specific
680 department, shall be eligible to vote, to hold office and to serve on
681

Association committees, and shall be required to attend department and ~~division~~ meetings. Members of the Active Staff shall have completed the residency or other training requirements for an American specialty board certification, if applicable, or have satisfied the eligibility requirements of the applicable department as approved by the Executive Committee, or have completed five (5) years in active practice in their specialty, and shall have the recommendation of their department chairman for such status.

SECTION 3. PROVISIONAL STAFF

The Provisional Staff shall consist of physicians, dentists, podiatrists, and clinical psychologists who have provisional status as described in Article II, Section 3 (B), and who immediately prior to their application were not members of the Association. They shall be entitled to exercise such clinical privileges as are granted pursuant to these bylaws and to attend Association, committee and department, ~~division, and committee~~ meetings, but shall not be eligible to hold office in the Association or to vote in Association, committee or department, ~~division, or committee~~ meetings unless that right is specified at the time of appointment.

Provisional Staff members shall undergo a period of proctoring and observation by designated Association members to evaluate the Provisional Staff member's proficiency in the exercise of clinical privileges initially granted and overall eligibility for continued Association membership and advancement within Association staff membership categories. Proctoring and observation of Provisional Staff members shall follow whatever frequency and format each department deems appropriate in order to adequately evaluate the Provisional Staff member, including, but not limited to, concurrent or retrospective chart review, mandatory consultation, and/or direct observation. There should be at least ten (10) cases monitored and evaluated, or a sufficient variety and number of cases monitored and evaluated representative of the requested privileges, depending upon the scope of clinical practice privileges requested. Appropriate records shall be maintained by the department. The results of the proctoring and observation shall be submitted by the department chairman to the Credentials Committee. A Provisional Staff member shall remain in the Provisional Staff membership category for a maximum period of six (6) months, unless the Director, upon recommendation of the Executive Committee, based on a report from the Credentials Committee, determines to extend ~~such~~ that status for an additional period of up to ~~twelve (12)~~ six (6) months upon a finding of good cause, which determination shall not be subject to a hearing and appellate review pursuant to Article VII. If the Provisional Staff member has satisfactorily demonstrated his/her ability to exercise the clinical privileges initially granted and otherwise appears qualified for continued Association membership, the Provisional Staff member shall be eligible for appointment by the Director as an Active Staff, Consulting Staff, or Courtesy Staff, as appropriate, upon recommendation of the Executive Committee. In all other cases, the appropriate department chairman shall advise the Credentials Committee, which shall make its report to the Executive Committee, which, in turn, shall make its recommendation to the Director for a determination regarding any modification or termination of clinical privileges and Association membership.

SECTION 4. CONSULTING STAFF

The Consulting Staff shall consist of physicians, podiatrists, dentists and clinical psychologists qualified for Active Staff membership but who only occasionally admit or attend patients at the Medical Center, who act only as consultants, or who are associated with the Medical Center in connection with a specific project. Consulting Staff members shall be appointed to a specific department and shall be eligible to serve on Association committees and to vote on matters before such committees. They shall not be eligible to vote

at Association meetings or to hold office, nor are they required to attend Association, ~~or~~ department ~~or~~ division meetings, although they are encouraged to do so.

SECTION 5. EMERITUS STAFF

Physicians, dentists, podiatrists, and clinical psychologists who have retired from Active Staff membership may apply for Emeritus Staff status. Emeritus Staff members shall be appointed to a specific department and shall be eligible to vote at Association meetings. They shall not be eligible to apply for clinical privileges, to admit or attend patients or to hold office, nor are they required to attend Association, ~~or~~ department ~~or~~ division meetings, although they are encouraged to do so.

SECTION 6. COURTESY STAFF

The Courtesy Staff shall consist of physicians, podiatrists, dentists and clinical psychologists qualified for Active Staff membership but who only occasionally admit or attend patients at the Medical Center or who only occasionally act as consultants on patients at the Medical Center. In addition to all other requirements for membership, each Courtesy Staff member must be either: (1) a member in good standing of the active staff of at least one licensed California general acute care hospital accredited by the Joint Commission on Accreditation of Healthcare Organizations or (2) a physician, dentist, podiatrist or clinical psychologist who is employed by the County of Los Angeles in a County Civil Service classified employee position, who provides patient care exclusively at a hospital, comprehensive health center or health center owned and operated by the County of Los Angeles, and who has received the recommendation of the ~~Medical Director~~ Chief Medical Officer of the applicable County hospital, comprehensive health center or health center for membership in the Courtesy Staff. Courtesy Staff members shall be appointed to a specific department. They shall not be eligible to serve on Association committees and shall not be eligible to vote at Association, ~~or~~ department ~~or~~ division meetings or to hold office. They are not required to attend Association, ~~or~~ department ~~or~~ division meetings, although they are encouraged to do so.

ARTICLE IV

PROCEDURE FOR APPOINTMENT AND REAPPOINTMENT

SECTION 1. APPLICATION FOR APPOINTMENT

- A. All applications for appointment to the Association shall be in writing, shall be signed by the applicant, and shall be submitted to the Director only after review by the Chief Medical Director Officer, the Credentials Committee, and the Executive Committee. The application form shall be approved by the Executive Committee and shall require detailed information concerning the applicant's current California licensure, experience, current Drug Enforcement Administration certification (for physicians, dentists and podiatrists), privileges requested, and, if applicable, current insurance coverage as indicated in Article XIV, and other ~~professional~~ qualifications, and shall include the names of at least three (3) persons who have had extensive experience in observing and working with the applicant and who can provide adequate references pertaining to the applicant's current professional competence, ~~ethics~~, ethical character, and physical and mental health status. In addition, the application shall

805 include, but not be limited to, all information as to: (1) whether
806 the applicant's membership status and/or clinical privileges have
807 ever been voluntarily or involuntarily challenged, revoked,
808 suspended, reduced, not renewed, ~~or voluntarily or involuntarily~~
809 ~~or~~ relinquished at any other hospital or health facility; (2)
810 whether the applicant's membership in any local, state or national
811 medical societies or his/her Drug Enforcement Administration
812 certificate or his/her license to practice any profession in any
813 jurisdiction, has ever been voluntarily or involuntarily
814 ~~challenged,~~ revoked, suspended, not renewed, reduced, ~~or~~
815 ~~voluntarily or involuntarily~~ relinquished, and (3) whether any
816 professional liability litigation involving the applicant has been
817 to final judgment, has been settled, or is in progress.
818

819 B. In connection with all applications for appointment, the
820 applicant shall have the burden of producing adequate information
821 for a proper evaluation of his/her competence, ethical character,
822 physical and mental health status, ethics, current California
823 licensure, current Drug Enforcement Administration certification
824 (for physicians, dentists and podiatrists), experience, and other
825 qualifications for the membership category and clinical privileges
826 requested, and, if applicable, current ~~liability~~ insurance
827 coverage as indicated in Article ~~XV~~XIV, and for resolving any
828 doubts about these matters, and for satisfying all requests for
829 information such qualifications. The applicant's failure to
830 fulfill this requirement, the applicant's withholding of any
831 relevant information, or the applicant's submission of any
832 inaccurate information, shall be grounds for denial of the
833 application. In addition, the applicant may be required to submit
834 to a medical or psychological examination, at the applicant's
835 expense, if deemed appropriate by the Executive Committee, which
836 may select the examining physician. The Chief Medical Officer
837 shall promptly notify the applicant of any problems in obtaining
838 any information required or if any of the information obtained
839 from primary sources varies from that provided by the applicant.
840

841 C. By applying for appointment to the Association, each applicant
842 thereby signifies his/her willingness to appear for interviews in
843 regard to his/her application and authorizes the representatives
844 of the County of Los Angeles, the Association, and/or the Medical
845 Professional School, to consult with members of medical staffs of
846 other hospitals or health facilities with which the applicant has
847 been associated and with others who may have information bearing
848 on his/her competence, ethical character, physical and mental
849 health status, ethics, current California licensure, current Drug
850 Enforcement Administration certification (for physicians, dentists
851 and podiatrists), experience, and other qualifications, and, if
852 applicable, current ~~liability~~ insurance coverage as indicated in
853 Article ~~XV~~XIV, and to an inspection by the above of all records
854 and documents that may be material to an evaluation of his/her
855 professional qualifications and competence to carry out the
856 clinical privileges he/she requests, as well as of his/her moral
857 and ethical qualifications for membership. In addition, the
858 applicant by applying for appointment releases from any liability
859 the County of Los Angeles, the Association, and/or the Medical
860 Professional School, and their respective officers, employees or
861 agents, for any of their acts performed in good faith and without
862 malice in connection with evaluating the applicant and his/her
863 qualifications and credentials, and also releases from any
864 liability all individuals and organizations that provide
865 information to the above in good faith and without malice
866 concerning the applicant's competence, ~~ethics,~~ ethical character,

physical and mental health status, current California licensure, current Drug Enforcement Administration certification (for physicians, dentists and podiatrists), experience, and other qualifications and, if applicable, current ~~liability~~ insurance coverage as indicated in Article ~~XV~~XIV, for Association membership and clinical privileges, including otherwise privileged or confidential information.

D. The application form shall include a statement that the applicant has received and read the bylaws of the Association and any rules and regulations applicable thereto, and that he/she agrees to be bound by the terms thereof, as they may be amended from time to time, without regard to whether or not he/she is granted membership and/or clinical privileges in all matters relating to his/her application.

E. In evaluating the applicant's eligibility for Association membership, consideration shall be given to other factors, including but not limited to: (1) the Medical Center's ability to provide adequate facilities and supportive services for the applicant and his/her patients; (2) patient care requirements for additional attending staff members with the applicant's skill and training; (3) the Medical Center/community needs for the applicant's services; and (4) the geographic location of the applicant.

F. The application form shall include a statement that the applicant has received and read the bylaws of the Association and any rules and regulations applicable thereto, and that he/she agrees to be bound by the terms thereof, as they may be amended from time to time, without regard to whether or not he/she is granted membership and/or clinical privileges in all matters relating to consideration of his/her application.

F.G. Acceptance of membership in the Association shall constitute the member's agreement that he/she will strictly abide by the Guiding Principles for Physicians - Hospital Relationships of the California Medical Association, as well as the Code of Medical Ethics of the American Medical Association, the Principles of Ethics and Code of Professional Conduct of the American Dental Association, the Ethical Principles of Psychologists and Code of Conduct of the American Psychological Association, or the Code of Ethics of the American ~~Podiatric~~ Podiatry Medical Association, whichever is as applicable.

SECTION 2. APPOINTMENT PROCESS

A. The applicant shall submit a completed application, including desired membership category and a specific list of desired clinical privileges, to the ~~Medical Director~~ Chief Medical Officer, who shall verify the references, education, training, current California licensure, current Drug Enforcement Administration certification (for physicians, dentists and podiatrists), experience, and other qualifying information submitted by primary sources, whenever possible. ~~The Medical Director shall transmit the application and all supporting materials to the Credentials Committee for evaluation. The Medical Director~~ Chief Medical Officer shall promptly notify the applicant of any problems in obtaining any all required information required or if any of the information obtained from primary sources varies from that provided by the applicant. It shall be the applicant's responsibility to obtain all required

929 information. When collection and verification is accomplished,
930 the ~~Medical Director~~ Chief Medical Officer shall transmit the
931 application and all supporting materials to the Credentials
932 Committee for evaluation.
933

934 B. Within forty-five (45) days after receipt of the completed
935 application for membership, the Credentials Committee shall review
936 the application and other information ~~the information~~ submitted
937 to the ~~Medical Director~~ Chief Medical Officer and make a written
938 report of its investigation to the Executive Committee. Prior to
939 making this report, the Credentials Committee shall examine the
940 evidence of the character, professional competence, physical and
941 mental health status, ethics, current California licensure,
942 current Drug Enforcement Administration certification (for
943 physicians, dentists and podiatrists), experience, and other
944 qualifications of the applicant, and, if applicable, the current
945 ~~liability~~ insurance coverage as indicated in Article ~~XXIV~~, ~~of the~~
946 ~~applicant~~ and shall determine, through information contained in
947 references given by the applicant and from other sources available
948 to the Committee, including, but not limited to, the
949 recommendations from the department in which privileges are
950 sought, as submitted to the Credentials Committee, whether the
951 applicant has established and meets all of the necessary
952 qualifications for the category of Association membership and the
953 clinical privileges requested by him/her. Every department in
954 which the applicant seeks clinical privileges shall provide the
955 Credentials Committee with specific, written recommendations for
956 delineating the applicant's clinical privileges, and these
957 recommendations shall be made a part of the Committee's report.
958 Together with its report, the Credentials Committee shall transmit
959 to the Executive Committee the completed application and a
960 recommendation that the applicant be either appointed to the
961 Association or rejected for Association membership, or that the
962 application be deferred for further consideration. Where
963 rejection or deferment is recommended, the reasons for such
964 recommendation shall be stated along with the recommendation.
965

966 C. At its next regular meeting following receipt of the application
967 and the report and recommendation of the Credentials Committee,
968 the Executive Committee shall determine whether to recommend to
969 the Director, through the ~~Medical Director~~ Chief Medical Officer,
970 that the applicant be provisionally appointed to the Association,
971 that he/she be rejected for Association membership, or that
972 his/her application be deferred for further consideration.
973

974 D. When the recommendation of the Executive Committee is to defer the
975 application for further consideration, the reasons for deferment
976 should be stated, and the recommendation must be followed up
977 within sixty (60) days with a subsequent recommendation for
978 provisional appointment with specified clinical privileges or for
979 rejection for Association membership.
980

981 E. When the recommendation of the Executive Committee is favorable
982 to the applicant, ~~this~~ the recommendation shall promptly be
983 forwarded, together with all the supporting documentation, to the
984 Director, through the ~~Medical Director~~ Chief Medical Officer.
985

986 F. When the recommendation of the Executive Committee is adverse to
987 the applicant either in respect to appointment or clinical
988 privileges, the President shall promptly so notify the applicant
989 by certified or registered mail, return receipt requested. No
990 such adverse recommendation shall be forwarded to the Director

991 until after the applicant has exercised or has been deemed to
992 waive his/her right to a hearing as provided in Article VII.
993

994 G. If the aggrieved applicant has requested a hearing as provided in
995 Article VII, and if the hearing has resulted in a decision either
996 at the hearing or appellate level which is favorable to the
997 applicant, the applicant's application shall thereafter be
998 processed in accordance with Subsection ~~g~~ E of this Section 2.
999

1000 H. Within fifteen (15) days after the receipt of a favorable
1001 recommendation by the Executive Committee, the Director shall act
1002 in the matter. If the Director's decision is adverse to the
1003 applicant in respect to either appointment or clinical privileges,
1004 the Director shall promptly notify him/her of such adverse
1005 decision by certified or registered mail, return receipt
1006 requested, and such adverse decision shall be held in abeyance
1007 until the applicant has exercised or has been deemed to have
1008 waived his/her rights under Article VII and until there has been
1009 compliance with Subsection ~~j~~ J of this Section 2. The fact that
1010 the adverse decision is held in abeyance shall not be deemed to
1011 confer membership or privileges where none existed before.
1012

1013 I. In the event the applicant waives or fails to exercise his/her
1014 rights under Article VII, the Director's decision shall be
1015 considered final, except that the Director may defer final
1016 determination by referring the matter to the Executive Committee
1017 for further reconsideration. Any such referral-back shall state
1018 the reasons therefor and shall set a time limit not to exceed
1019 sixty (60) days within which a subsequent recommendation to the
1020 Director shall be made. After receipt of such subsequent
1021 recommendation and new evidence in the matter, if any, the
1022 Director shall make a decision either to appoint the applicant to
1023 Association membership or to reject him/her for membership. All
1024 decisions to appoint shall include a delineation of the clinical
1025 privileges which the appointee may exercise.
1026

1027 J. Whenever the Director's decision will be contrary to the
1028 recommendation of the Executive Committee, the Director shall
1029 submit the matter to a committee ~~comprised~~ composed of the Medical
1030 Director, Chief Medical Officer, ~~Administrator~~ Chief Executive
1031 Officer, the President, and the department chairman involved for
1032 review and recommendation and shall consider such recommendation
1033 before making his/her decision final. Such committee shall report
1034 back to the Director within fifteen (15) days with its
1035 recommendation, and the Director shall render a decision within
1036 fifteen (15) days after his/her receipt of such recommendation.
1037

1038 K. When the Director's decision is final, he/she shall send notice
1039 of such decision to the President of the Association, to the
1040 chairman of the department involved, and by registered or
1041 certified mail, return receipt requested, to the applicant.
1042

1043 SECTION 3. REAPPOINTMENT PROCESS

1044

1045 A. At least ninety (90) days prior to the end of a member's period
1046 of appointment, the member shall submit an application for
1047 reappointment to the ~~chairman of his department~~ Chief Medical
1048 Officer. Such application shall require information concerning
1049 changes in physical and mental health status and other
1050 qualifications of the member since the previous review of the
1051 member's qualifications, including, but not necessarily limited
1052 to, privileges requested, evidence for change of privileges,

continuing education, and present status of California licensure experience, and Drug Enforcement Administration certification (for physicians, dentists and podiatrists), and, if applicable, current liability insurance coverage as indicated in Article XXIV. In addition, the application shall include, but not be limited to, all information as to: (1) whether the applicant's member's membership status and/or clinical privileges have ever been challenged, voluntarily or involuntarily revoked, suspended, reduced, not renewed, or relinquished at any other hospital or health facility; (2) whether the applicant's member's membership in any local, state or national medical societies or his/her Drug Enforcement Administration certificate or his/her license to practice any profession in any jurisdiction, has ever been challenged, voluntarily or involuntarily revoked, suspended, not renewed, reduced or voluntarily or involuntarily relinquished; and (3) whether any professional liability litigation involving the applicant member has been to final judgment, has been settled, or is in progress. The Chief Medical Officer shall verify the references, education, training, current licensure, current Drug Enforcement Administration certification (for physicians, dentists and podiatrists), experience, and other qualifying information submitted by primary sources, whenever possible. The Chief Medical Officer shall promptly notify the member of any problems in obtaining any information required or if any of the information obtained from primary sources varies from that provided by the member. It shall be the member's responsibility to obtain all required information. When collection and verification is accomplished, the Chief Medical Officer shall transmit the application and all supporting materials to the appropriate department chair. The department chairman shall review all pertinent information available on each member of his/her department who applies for reappointment and who is scheduled for periodic appraisal. This review shall also include an assessment of information collected in the course of the Medical Center's Quality Assurance Assessment and Improvement Program regarding the member's professional performance, as well as practitioner-specific information regarding professional performance. Each department shall develop and monitor the practitioner-specific information and compare this data to relevant benchmarks. The department chairman shall, no later than sixty (60) days prior to the end of the member's period of appointment, forward this information to the Credentials Committee for the purpose of determining its recommendations for reappointment to the Association and for the granting of clinical privileges for the ensuing two year period. The Credentials Committee shall transmit its recommendations in writing to the Executive Committee. Where non-reappointment or a change in clinical privileges is recommended, the reasons for such recommendations shall be stated and documented.

- B. In connection with all applications for reappointment, the member shall have the burden of producing adequate information for a proper evaluation of his/her competence, character, physical and mental health status, ethics, current California licensure, experience and other qualifications for the membership category and clinical privileges requested, and, if applicable, current insurance coverage as indicated in Article XIV, for resolving any doubts about these matters, and for satisfying all requests for information. The member's failure to fulfill this requirement, the member's withholding of any relevant information, or the member's submission of any inaccurate information, shall be grounds for

1114 denial of the application. In addition, the member may be required
1115 to submit to a medical or psychological examination at the
1116 member's expense, if deemed appropriate by the Executive
1117 Committee, which may select the examining physician. The Chief
1118 Medical Officer shall promptly notify the member of any problems
1119 in obtaining any information required or if any of the information
1120 obtained from primary sources varies from that provided by the
1121 member.
1122
1123

1124 BC. Each recommendation concerning the reappointment of a member and
1125 the clinical privileges to be granted upon reappointment shall be
1126 based upon documentation, furnished by the department chairman,
1127 and other information requested of such member or otherwise
1128 obtained by the Credentials Committee, of such member's
1129 professional performance, competence, clinical and/or technical
1130 skills, and judgment in the treatment of patients, as assessed in
1131 the Medical Center's quality assurance activities performance
1132 improvement, risk management, and safety activities, and other
1133 qualifications, including, but not limited to, his/her
1134 professional practice outside the Medical Center; present status
1135 of his/her California licensure and Drug Enforcement
1136 Administration certification (for physicians, dentists and
1137 podiatrists); evidence of his/her physical and mental health
1138 status; his/her ethics and conduct; his/her professional practices
1139 outside the Medical Center; his/her attendance at department and
1140 division meetings; his/her participation in Association affairs;
1141 his/her compliance with the Association bylaws, rules and
1142 regulations; his/her current liability insurance coverage, if
1143 applicable, as indicated in Article XIV; his/her cooperation with
1144 Medical Center personnel; his/her use of the Medical Center's
1145 facilities; his/her relations with other attending staff members;
1146 and his/her general attitude towards patients, the Medical Center,
1147 and the public.
1148

1149 ED. At least thirty (30) days prior to the end of the member's period
1150 of appointment, the Executive Committee shall make written
1151 recommendations to the Medical Director, through the Chief Medical
1152 Officer, concerning the reappointment, non-reappointment, and/or
1153 clinical privileges of each member then scheduled for periodic
1154 appraisal. Where non-reappointment or a change in clinical
1155 privileges is recommended, the reasons for such recommendations
1156 shall be stated and documented. Thereafter, the procedure
1157 provided in Subsections E through K ~~in~~ of Section 2 of this
1158 Article IV relating to recommendations on applications for initial
1159 appointment shall be followed.
1160

1161 DE. If a member fails to submit an application for reappointment,
1162 completed in accordance with the ~~procedures in Subsection A of~~
1163 ~~this Section 3, within at least thirty (30) days prior to the~~
1164 ~~expiration of his/her period of appointment, then (1) he the~~
1165 ~~member shall be deemed to have voluntarily resigned his/her~~
1166 ~~Association membership and clinical privileges upon such~~
1167 ~~expiration and (2) the member. If the member submits an~~
1168 ~~application for reappointment within ninety (90) days after his~~
1169 ~~most current period of appointment has expired, then his~~
1170 ~~application for membership shall be processed in the manner~~
1171 ~~specified in this Section 3. If the member does not submit an~~
1172 ~~application for reappointment within such ninety (90) day period,~~
1173 ~~then he shall be required to submit an application for initial~~
1174 ~~appointment in accordance with the procedures described in~~
1175 ~~Sections 1 and 2 of this Article IV.~~

1176 SECTION 4. CHANGE IN MEMBERSHIP CATEGORY OR CLINICAL PRIVILEGES
1177

1178 Any Association member who, prior to his/her application for
1179 reappointment, requests a change in his/her membership category
1180 or clinical privileges shall submit an application in writing on
1181 the prescribed form at any time, except that no such application
1182 shall be submitted within twelve (12) months of the date a similar
1183 request was denied. Such applications shall be processed in the
1184 same manner as applications for initial appointment in accordance
1185 with Sections 1 and 2 of this Article IV.
1186

1187 ARTICLE V
1188

1189 CLINICAL PRIVILEGES
1190

1191 SECTION 1. DELINEATION OF CLINICAL PRIVILEGES
1192

- 1193 A. Every practitioner practicing at the Medical Center by virtue of
1194 Association membership or otherwise, shall be entitled to exercise
1195 only those clinical privileges specifically granted to him/her by
1196 the Director, except as provided in Sections 2 and 3 of this
1197 Article V. All such clinical privileges shall apply only to the
1198 Medical Center.
1199
- 1200 B. Every initial application for appointment and every application
1201 for reappointment to Association membership must contain a request
1202 for the specific clinical privileges desired by the applicant.
1203 The evaluation of such requests shall be based upon documentation
1204 and verification of the applicant's current California licensure,
1205 education, training, experience, demonstrated current competence,
1206 references, an appraisal by the department in which requested
1207 privileges are sought, clinical performance at the Medical Center,
1208 the documented results of patient care and other quality review
1209 and monitoring which the Association deems appropriate, and other
1210 relevant information, including, but not limited to, pertinent
1211 information concerning clinical performance obtained from other
1212 hospitals and health care settings where the applicant exercises
1213 clinical privileges. It shall be the applicant's responsibility
1214 to obtain all required information. The applicant shall have the
1215 burden of establishing his/her qualifications and competency in
1216 the clinical privileges requested. Each applicant granted
1217 clinical privileges shall pledge that he/she shall provide for the
1218 continuous care of his/her patients.
1219
- 1220 C. Applications for additional clinical privileges shall be in
1221 writing on the prescribed form. Such applications shall be
1222 processed in the same manner as applications for initial
1223 appointment in accordance with Sections 1 and 2 of Article IV.
1224
- 1225 D. Periodic redetermination of clinical privileges and the increase
1226 or curtailment of same shall be carried out as part of the
1227 reappointment process and shall be based upon the observation of
1228 care provided, review of the records of patients treated in this
1229 or other hospitals, and review of the records of the Association
1230 which document the evaluation of the member's participation in the
1231 delivery of health care.
1232
- 1233 E. Privileges granted to duly licensed dentists shall be based on
1234 their training, experience, and demonstrated competence and
1235 judgment. The scope and extent of surgical procedures that each
1236 dentist and oral surgeon may perform shall be specifically
1237 delineated and granted in the same manner as all surgical

privileges, including, but not limited to, performance of admission history and physical examination if training is provided for this. Surgical procedures performed by dentists shall be under the overall supervision of the Chief Chair of the Department of Surgery. All dental patients shall receive the same basic medical appraisals as patients admitted to other surgical services. ~~Qualified oral surgeons who admit patients without medical problems may perform the history and physical examination on those patients, if such oral surgeons have such privileges, and may assess the medical risks of the proposed surgical procedures.~~ A physician member of the Association shall be responsible for the care of any medical problem that may be present at the time of admission, during hospitalization, or at any other time at the Medical Center.

F. Privileges granted to duly licensed podiatrists shall be based on their training, experience, and demonstrated competence and judgment. In making their recommendations, the Executive Committee may consider the need for podiatry services which either are not presently being provided by other members of the attending staff or may be provided in the Medical Center without disruption of existing services. The scope and extent of surgical procedures that each podiatrist may perform shall be specifically delineated and granted in the same manner as all other surgical privileges. Surgical procedures performed by podiatrists shall be under the overall supervision of the Chief Chair of the Department of Surgery. All podiatric patients shall receive the same basic medical appraisals as patients admitted to other surgical services. A physician member of the attending staff shall be responsible for the care of any medical problem that may be present at the time of admission, during hospitalization, or at any other time at the Medical Center.

G. Privileges granted to duly licensed clinical psychologists shall be based on their training, experience, and demonstrated competency and judgment ~~and shall not include the prescribing of any medications.~~ ~~In making their recommendation, the Executive Committee may consider the need for clinical psychological services which are either not presently being provided by other members of the attending staff or which may be provided in the Medical Center without disruption of existing services.~~ The scope and extent of services that each clinical psychologist may perform shall be specifically delineated and granted within any guidelines set forth by the Executive Committee. Such services shall not include the prescribing of any medications. A physician member of the Association shall be identified by the appropriate department chairman, and such member shall be responsible for the care of any medical problem that may be present at the time of admission, during hospitalization, or at any other time at the Medical Center.

SECTION 2. TEMPORARY PRIVILEGES

A. Pending Application for Association Membership

Upon receipt of an completed application for Association membership, including, without limitation, desired membership category and a specific list of desired clinical privileges, and verification of his/her references, education, training, current California licensure, National Practitioner Data Bank report, experience, and other qualifying information submitted by primary sources, whenever possible, and where the temporary clinical

1300 privileges will fulfill an important patient care, treatment, and
1301 service need or where the completed application raises no concerns
1302 and is awaiting review and approval of the Executive Committee and
1303 the Director, from an appropriately licensed practitioner, the
1304 Director may, upon the basis of information then available which
1305 may reasonably be relied upon as to the competence and ethical
1306 standing of the applicant and with the written concurrence of the
1307 chairman of the concerned department and of the President of the
1308 Association or the Chief Medical Officer, grant temporary clinical
1309 privileges to the applicant, but in exercising such privileges,
1310 the applicant shall act under the supervision of the chairman of
1311 the department to which he/she is assigned. The practitioner must
1312 sign an acknowledgement of having received and read the
1313 Association's current bylaws, rules, regulations, and applicable
1314 policies and the applicant's agreement to be bound by their terms.
1315 Such temporary privileges should not exceed a period of ninety
1316 (90) days in duration, but in no event shall exceed one hundred
1317 and twenty (120) days in duration may be extended by the Director
1318 not to exceed a total period of six (6) months.
1319

1320 B. Patient Care Need by Non-Applciant for Association Membership
1321

1322 Temporary clinical privileges may be granted by the Director Upon
1323 receipt of a completed application for temporary clinical
1324 privileges, including, without limitation, a specific list of the
1325 desired clinical privileges, and verification of his/her
1326 references, education, training, current California licensure,
1327 National Practitioner Data Bank report, experience, and other
1328 qualifying information submitted by primary sources, whenever
1329 possible, and where the temporary clinical privileges will fulfill
1330 an important patient care, treatment and service need, the
1331 Director may, with the written concurrence of the chair of the
1332 concerned department and the President or the Chief Medical
1333 Officer, grant temporary clinical privileges for the care of a
1334 specific patient for a specific period of time to a practitioner
1335 who is not an applicant for Association membership, after
1336 verification that he has a current California license and a
1337 current Drug Enforcement Administration certificate (for
1338 physicians, dentists and podiatrists) and has demonstrated current
1339 competency, in the same manner and upon the same conditions as set
1340 forth in Subsection A of this Section 2. Such temporary
1341 privileges should not exceed a period of ten (10) days in
1342 duration, but in no event shall exceed thirty (30) days in
1343 duration.
1344

1345 C. Locum Tenens
1346

1347 Upon receipt of a completed application for temporary clinical
1348 privileges, including, without limitation, a specific list of
1349 desired clinical privileges, and verification of his/her
1350 references, education, training, current California licensure,
1351 National Practitioner Data Bank report, experience, and other
1352 qualifying information submitted by primary sources, whenever
1353 possible, and where the temporary clinical privileges will fulfill
1354 an important patient care, treatment and service need, the
1355 Director may, with the written concurrence of the chair of the
1356 concerned department and the President or Chief Medical Officer,
1357 grant temporary clinical privileges to a duly licensed physician
1358 the practitioner to serve as a locum tenens for a member of the
1359 Association. Such temporary privileges should not for a period
1360 not to exceed a period of ninety (90) days in duration, but in no
1361 event shall exceed one hundred and twenty (120) days in duration

provided that all of his credentials have first been approved by the chairman of the concerned department and the President of the Association.

D. Special requirements of supervision and reporting may be imposed by the chairman of the concerned department on any practitioner granted temporary privileges. Temporary privileges shall be immediately terminated by the Director upon notice of any failure by the practitioner to comply with any such special requirements.

E. The Director may at any time, upon the recommendation of either the President of the Association or the chairman of the concerned department, terminate a practitioner's temporary privileges effective as of the discharge from the Medical Center of the practitioner's patient(s) then under his/her care in the Medical Center. However, where it is determined that the life or health of such patient(s) would be endangered by continued treatment by the practitioner, the termination may be imposed by the Director immediately. The chairman of the appropriate department, or in his/her absence, the Medical Director Chief Medical Officer or the Director shall assign a member of the Association to assume responsibility for the care of such terminated practitioner's patient(s) until he/they are discharged from the Medical Center. The wishes of the patient(s) shall be considered where feasible in the selection of such substitute practitioner.

F. Each practitioner applying for temporary clinical privileges must sign an acknowledgment of having received and read the Association's current bylaws, rules and regulations, and applicable policies and the practitioner's agreement to be bound by their terms.

SECTION 3. EMERGENCY PRIVILEGES

A. For a Specific Patient

In cases of an emergency involving a specific patient, any physician, podiatrist, dentist, or clinical psychologist who is a member of the Association or who holds a County Civil Service classified employee position, and to the degree permitted by his/her license and regardless of service or Association status or lack of same, shall be permitted and assisted to do everything possible to save the life of a patient life or to save the patient from serious harm, using every facility of the Medical Center necessary, including, but not limited to, the calling for any consultation necessary or desirable. When an emergency situation no longer exists, such physician, podiatrist, dentist, or clinical psychologist must request the privileges necessary to continue to treat the patient and shall defer to the appropriate department chairman with respect to further care of the patient. In the event such privileges are denied or he/she does not desire to request privileges, the patient shall be assigned to an appropriate member of the Association. For the purpose of this section, an "emergency" is defined as a condition in which a patient is in imminent danger of serious or permanent harm or death and any delay in administering treatment would add to that danger.

B. During a Disaster

In the case of a disaster where the Director, in consultation with the Chief Medical Officer or the Chief Executive Officer, has

1424 activated the Medical Center's Emergency Medical Plan, the
1425 Director or the Chief Medical Officer may grant emergency clinical
1426 privileges to any licensed physician, podiatrist, clinical
1427 psychologist, or dentist, to the degree permitted by his/her
1428 license, who does not possess privileges at the Medical Center and
1429 who indicates a willingness to provide patient care at the Medical
1430 Center during the disaster. A practitioner applying for emergency
1431 privileges shall provide to the Chief Medical Officer at least one
1432 (1) of the following: (1)a current picture hospital identification
1433 card, (2)a current license to practice and a valid picture ID
1434 issued by a state, federal or regulatory agency, (3)identification
1435 indicating that the presenting practitioner is a member of a
1436 Disaster Medical Assistance Team, (4)identification indicating
1437 that the presenting practitioner has been granted authority to
1438 render patient care in disaster circumstances, such authority
1439 having been granted by a federal, state, or municipal entity, or
1440 (5)presentation by current Association member(s) with personal
1441 knowledge regarding the presenting practitioner's identity.

1443 Emergency privileges may be granted on a case-by-case basis
1444 following a review of the above documentation and other requested
1445 information, if any. In exercising emergency privileges, a
1446 practitioner shall act under the supervision of the chair of the
1447 department to which he/she is assigned and, if possible, shall be
1448 paired with an Association member who has a similar specialty.
1449 When the disaster no longer exists, as determined by the Director
1450 in consultation with the Chief Medical Officer, a practitioner's
1451 emergency privileges shall automatically terminate, and the
1452 practitioner must request the privileges necessary to continue to
1453 treat patients and shall defer to the appropriate department chair
1454 with respect to further care of patients. In addition, the
1455 Director, on his/her own initiative or upon the recommendation of
1456 the President of the Association, the Chief Medical Officer, or
1457 the chair of the concerned department, may terminate immediately
1458 a practitioner's emergency privileges for any reason or no reason
1459 at all, and the practitioner shall not be entitled to a hearing
1460 and appellate review under Article VII.

1461 1462 SECTION 4. TELEMEDICINE

1463
1464 Any person who desires to diagnose or treat patients via
1465 telemedicine link (e.g., telephone, e-mail, etc.) must apply for
1466 and be granted specific clinical privileges which allow for
1467 exercise by telemedicine link in accordance with these bylaws.
1468 Each department shall determine which clinical privileges, if any,
1469 of the department may be performed via telemedicine link.

1470 1471 ARTICLE VI

1472 1473 CORRECTIVE ACTION

1474 1475 SECTION 1. ROUTINE CORRECTIVE ACTION

- 1476
1477 A. Whenever a practitioner with clinical privileges engages in any
1478 act, statement, demeanor, or professional conduct, either within
1479 or outside the Medical Center, which is or is reasonably likely
1480 to be (1)detrimental to patient safety or to the delivery of
1481 quality patient care, or to be (2)disruptive or deleterious to the
1482 operations of the Medical Center or improper use of Medical Center
1483 resources, (3) below applicable professional standards or (4)
1484 contrary to the Association's bylaws, rules or regulations, then
1485 corrective action against such practitioner may be requested by

any officer of the Association, by the chairman of any department, by the chairman of any standing committee of the Association, by the ~~Medical Director~~ Chief Medical Officer, by the ~~Administrator~~ Chief Executive Officer, by the ~~Assistant Director~~ Chief Medical Officer of Health Services or by the Director, upon the complaint, request, or suggestion of any person. All requests for corrective action shall be in writing, shall be made to the Executive Committee, and shall be supported by reference to the specific activities or conduct which constitute the grounds for the request.

- B. Whenever corrective action is requested, the Executive Committee shall forward such request to the chairman of the department wherein the practitioner has such privileges. Upon receipt of such request, the chairman of the department shall immediately appoint an ad hoc committee to investigate the matter.
- C. Within thirty (30) days after the department's receipt of the request for corrective action, the department shall make a written report of its investigation to the Executive Committee. Prior to making such report, the practitioner against whom corrective action has been requested shall be offered an opportunity to appear for an interview at a reasonable time with the departmental ad hoc investigating committee. At such interview, ~~he~~ the practitioner shall be informed of the general nature of the charges against him/her and shall be invited to discuss, explain or refute them. This interview shall not constitute a hearing, shall be preliminary in nature, and none of the procedural rules provided in these bylaws with respect to hearings shall apply thereto. A record of such interview shall be made by the department and included with its report to the Executive Committee.
- D. Whenever the request for corrective action is directed against the chairman of a department, the Executive Committee shall appoint an ad hoc investigating committee which shall perform all the functions of the departmental ad hoc investigating committee as described in Subsections B and C above.
- E. Within sixty (60) days following the receipt of the departmental ad hoc investigating committee's report, the Executive Committee shall take action upon the request for corrective action. In all cases, the affected practitioner shall be permitted to make an appearance at a reasonable time before the Executive Committee prior to its taking action on such request. This appearance shall not constitute a hearing, shall be preliminary in nature, and none of the ~~procedural rules~~ procedures provided in these bylaws with respect to hearings shall apply thereto. A record of such appearance shall be made by the Executive Committee and included in its recommendation to the Director.
- F. The action of the Executive Committee on a request for corrective action shall be to make a recommendation to the Director. Such recommendation shall include one or more of the following:
- (1) Rejection of the request for corrective action;
 - (2) Issuance of a letter of admonition, censure, reprimand, or warning, although nothing herein shall preclude a department chairman from issuing informal written or oral warnings outside the corrective action process;

- (3) Imposition of terms of probation or special limitations on continued Association membership or exercise of clinical privileges, including, but not limited to, a requirement for consultation or proctoring;
- (4) Reduction or revocation of clinical privileges;
- (5) Termination, modification, or ratification of an already imposed summary suspension of clinical privileges;
- (6) Suspension of clinical privileges until satisfactory completion of specific conditions or requirements;
- (7) Suspension of Association membership until satisfactory completion of specific conditions or requirements;
- (8) Revocation of Association membership;
- (9) Other actions appropriate to the facts, including, but not limited to, required reports to the Medical Board of California or other appropriate State licensing agency and/or to the National Practitioner Data Bank.

G. The President of the Association shall promptly notify the ~~Medical Director~~ Chief Medical Officer, the ~~Administrator~~ Chief Executive Officer, the ~~Assistant Director~~ Chief Medical Officer of Health Services, and the Director, in writing, of all requests for corrective action received by the Executive Committee and shall continue to keep the ~~Medical Director~~ Chief Medical Officer, the ~~Administrator~~ Chief Executive Officer, the ~~Assistant Director~~ Chief Medical Officer of Health Services, and the Director fully informed of all actions taken in connection therewith. After the Executive Committee has made its recommendation in the matter to the Director, the Director shall render a decision within thirty (30) days and shall notify the practitioner in person or by registered or certified mail, return receipt requested. Thereafter, the procedure to be followed shall be as provided in Article VII.

H. If the Governing Body determines that the Executive Committee has failed to initiate an investigation on a request for corrective action or to recommend disciplinary action, and that such failure is contrary to the weight of evidence, the Governing Body may direct the Executive Committee to initiate an investigation or recommend disciplinary action, but only after consultation with the Executive Committee and the Director. In the event the Executive Committee or the Director fail to take action in response to a direction from the Governing Body, the Governing Body, after notifying the Executive Committee and the Director in writing, shall have the authority to take action on its own initiative against the practitioner and assume all the rights and responsibilities of the Executive Committee and the Director as provided in this Article VI.

SECTION 2. SUMMARY SUSPENSION

A. The President of the Association, the chairman of any department, the Executive Committee, the ~~Medical Director~~ Chief Medical Officer, the ~~Administrator~~ Chief Executive Officer, the ~~Assistant Director~~ Chief Medical Officer of Health Services, or the Director shall have the authority, whenever immediate action must be taken to reduce a substantial likelihood of imminent impairment to the

1610 health or safety of any patient, any prospective patient, any
1611 employee, or any other person present in the Medical Center, to
1612 recommend to the Director that all or any portion of the clinical
1613 privileges of a practitioner be summarily suspended, and such
1614 summary suspension shall become effective immediately upon
1615 imposition by the Director; provided that in cases of emergency
1616 where there is a likelihood of direct and immediate danger to the
1617 health or safety of any person, the ~~Medical Director~~ Chief Medical
1618 Officer, or his/her authorized representative in his/her absence,
1619 may temporarily suspend all or any portion of the clinical
1620 privileges of a practitioner for a period not to exceed three (3)
1621 working days (excluding weekends and holidays) pending
1622 investigation and action by the Director.

1623
1624 B. Notwithstanding any other provision of these bylaws, when no
1625 person or body authorized by these bylaws is available to
1626 summarily suspend clinical privileges, the Governing Body or its
1627 designee may temporarily suspend all or any portion of the
1628 clinical privileges of a practitioner where there is a substantial
1629 likelihood of imminent impairment to the health or safety of any
1630 person so long as the Governing Body has, before the suspension,
1631 made reasonable attempts to contact the Executive Committee and
1632 the Director. A summary suspension by the Governing Body which
1633 has not been ratified by the Executive Committee and the Director
1634 within two working days (excluding weekends and holidays) after
1635 the suspension, shall automatically terminate; provided that
1636 additional such summary suspensions may be imposed by the
1637 Governing Body, not to exceed a total of ten (10) working days for
1638 the entire period of the summary suspension, if the Executive
1639 Committee is unable to meet to ratify the summary suspension.

1640
1641 B-C. A summary suspension shall become effective immediately upon
1642 imposition, and the person or body responsible therefor shall
1643 promptly give oral or written notice of the summary suspension to
1644 the practitioner, the Executive Committee, the Chief Medical
1645 Officer, the ~~Administrator~~ Chief Executive Officer, the ~~Assistant~~
1646 ~~Director~~ Chief Medical Officer of Health Services, and the
1647 Director. The notice of suspension given to the Executive
1648 Committee shall constitute a request for corrective action, and
1649 the corrective action process set forth in Section 1 of this
1650 Article VI shall be followed. The summary suspension shall
1651 continue in effect during the pendency of the corrective action
1652 process and of the hearing and appellate review process under
1653 Article VII unless the summary suspension is previously terminated
1654 as provided in these bylaws.

1655
1656 C-D. A practitioner whose clinical privileges have been summarily
1657 suspended shall not be entitled to request a hearing on the matter
1658 under Article VII until after the corrective action process set
1659 forth in Section 1 of this Article VI has been complied with and
1660 the Director has taken action under the corrective action process
1661 pursuant to Section 1(gg) of this Article VI, and then only if the
1662 action taken constitutes grounds for a hearing under Article VII.

1663
1664 D-E. Immediately upon the imposition of a summary suspension, the
1665 Director, the ~~Medical Director~~ Chief Medical Officer, or
1666 responsible department chairman shall have authority to provide
1667 for alternative medical coverage for the patients of the suspended
1668 practitioner still in the Medical Center at the time of such
1669 suspension.

1670
1671 SECTION 3. AUTOMATIC SUSPENSION

1672 A. General:

1673
1674 In the circumstances described in Sections 3 (B), 3 (C), and 3 (D), a
1675 practitioner's Association membership and/or clinical privileges shall
1676 be terminated, suspended, or limited, as described, which action shall
1677 be final and shall not be subject to a hearing or appellate review under
1678 Article VII, except where a ~~bona fide~~ dispute exists as to whether the
1679 circumstances have occurred.

1680
1681 B. License:

- 1682
1683 1. Revocation or Expiration: Whenever a practitioner's
1684 license authorizing him/her to practice in this State is
1685 revoked or has expired, his/her Association membership and
1686 clinical privileges shall be immediately and automatically
1687 terminated.
1688
1689 2. Restriction: Whenever a practitioner's license authorizing
1690 him/her to practice in this State is limited or restricted
1691 by the applicable licensing authority, those clinical
1692 privileges which he/she has been granted that are within
1693 the scope of such limitation or restriction, as determined
1694 by the Executive Committee, shall be immediately and
1695 automatically terminated.
1696
1697 3. Suspension: Whenever a practitioner's license authorizing
1698 him/her to practice in this State is suspended by the
1699 applicable licensing authority, his/her Association
1700 membership and clinical privileges shall be automatically
1701 suspended effective upon and for at least the term of the
1702 suspension.
1703
1704 4. Probation: Whenever a practitioner is placed on probation
1705 by the applicable licensing authority, his/her applicable
1706 Association membership status and clinical privileges shall
1707 automatically become subject to the terms of the probation
1708 effective upon and for at least the term of the probation.
1709

1710 C. Drug Enforcement Administration Certificate:

- 1711
1712 1. Revocation or Expiration: Whenever a practitioner's Drug
1713 Enforcement Administration (DEA) certificate is revoked or
1714 has expired, he/she shall immediately and automatically be
1715 divested of his/her right to prescribe medications covered
1716 by the certificate.
1717
1718 2. Restriction: Whenever a practitioner's Drug Enforcement
1719 Administration certificate is limited or restricted,
1720 his/her right to prescribe medications within the scope of
1721 such limitation or restriction, as determined by the
1722 Executive Committee, shall be immediately and automatically
1723 terminated.
1724
1725 ~~2-3.~~ Suspension: Whenever a practitioner's DEA certificate is
1726 suspended, he/she shall automatically be divested, at a
1727 minimum, of his/her right to prescribe medications covered
1728 by the certificate effective upon and for at least the term
1729 of the suspension.
1730
1731 ~~3-4.~~ Probation: Whenever a practitioner's DEA certificate is
1732 subject to an order of probation, his/her right to
1733 prescribe medications covered by the certificate shall

1734 automatically become subject to the terms of the probation
1735 effective upon and for at least the term of the probation.
1736

1737 D. ~~Liability~~ Insurance:
1738

1739 For any failure to maintain the programs of insurance as described
1740 in Article ~~XV~~XIV, a practitioner's Association membership and
1741 clinical privileges shall be immediately and automatically
1742 suspended and shall remain suspended until the practitioner
1743 provides evidence satisfactory to the ~~County Risk Manager~~ Chief
1744 Medical Officer that he/she has secured such programs of insurance
1745 in the amounts required. Any failure to provide such evidence
1746 within three (3) months after the date the automatic suspension
1747 became effective shall be deemed to be a voluntary resignation of
1748 the practitioner's Association membership.
1749

1750 E. As soon as practicable after action is taken as described in
1751 Section 3 (B), Subsections 2, 3, or 4, or in Section 3 (C) of
1752 this Article VI, the Executive Committee shall convene to review
1753 and consider the facts upon which such action was predicated. The
1754 Executive Committee, or any other person or body authorized by
1755 these bylaws to request corrective action, may request additional
1756 corrective action based upon information disclosed or otherwise
1757 made available, and in such event, the corrective action process
1758 set forth in Section 1 of this Article VI shall be followed as to
1759 such additional corrective action. Except as to any such
1760 additional corrective action, the affected practitioner shall not
1761 be entitled to a hearing and appellate review under Article VII.
1762

1763 F. Whenever a practitioner's clinical privileges are automatically
1764 suspended or restricted in whole or in part, notice of such
1765 suspension shall be given to the practitioner, the Executive
1766 Committee, the ~~Medical Director~~ Chief Medical Officer, the
1767 ~~Administrator~~ Chief Executive Officer, the ~~Assistant Director~~
1768 Chief Medical Officer of Health Services, and the Director,.
1769 However, the giving of such notice shall not be required in order
1770 for any automatic suspension or restriction to become effective.
1771 Upon the effective date of an automatic suspension or restriction,
1772 the Director, the ~~Medical Director~~ Chief Medical Officer, or the
1773 responsible department chairman shall have the authority to
1774 provide for alternative medical coverage for the patients of the
1775 suspended or restricted practitioner still in the Medical Center
1776 at the time of such suspension or restriction.
1777

1778 SECTION 4. EXHAUSTION OF REMEDIES
1779

1780 If any routine corrective action, summary suspension, or automatic suspension,
1781 as set forth in Sections 1, 2 and 3 of this Article VI, is taken or
1782 recommended, the practitioner shall exhaust all the remedies afforded by these
1783 bylaws before resorting to any legal action.
1784

1785 ARTICLE VII
1786

1787 HEARING AND APPELLATE REVIEW PROCEDURE
1788

1789 SECTION 1. DEFINITIONS
1790

1791 A. "Body whose decision prompted the hearing" means the person who,
1792 or body which, pursuant to the Association bylaws, rules and
1793 regulations, rendered the decision which resulted in a hearing
1794 being requested.
1795

- 1796 B. "Notice" means a written communication sent by certified or
1797 registered mail, return receipt requested.
1798
1799 C. "Person who requested the hearing" means the applicant or
1800 Association member, as the case may be, who has requested a
1801 hearing pursuant to Section 2 of this Article VII.
1802

1803 SECTION 2. REQUEST FOR HEARING
1804

- 1805 A. In all cases in which the person or body which, under these
1806 bylaws, has the authority to take, and pursuant to this authority
1807 has taken, any of the actions constituting grounds for hearing as
1808 set forth in Subsection B of this Section 2, the applicant or
1809 Association member, as the case may be, shall promptly be given
1810 notice. Such applicant or member shall have fifteen (15) days
1811 following the date of the receipt of such notice within which to
1812 request a hearing by the Judicial Review Committee hereinafter
1813 referred to. Such request shall be by notice to the ~~Medical~~
1814 ~~Director~~ Chief Medical Officer. In the event the applicant or
1815 member does not request a hearing within the time and in manner
1816 hereinabove set forth, he/she shall be deemed to have accepted the
1817 action involved, and it shall thereupon become effective
1818 immediately, subject to Article ~~XXXXVIII~~.
1819
1820 B. Except as otherwise provided in these bylaws, any one or more of
1821 the following actions shall constitute grounds for a hearing:
1822
1823 1. Denial of Association membership;
1824
1825 2. Denial of requested advancement in Association membership
1826 category;
1827
1828 3. Denial of Association reappointment;
1829
1830 4. Demotion to lower Association membership category;
1831
1832 5. Suspension of Association membership;
1833
1834 6. Revocation of Association membership;
1835
1836 7. Denial of requested privileges;
1837
1838 8. Involuntary reduction of privileges;
1839
1840 9. Suspension of privileges;
1841
1842 10. Termination of privileges;
1843
1844 11. Requirement of consultation;
1845
1846 12. Any other action which requires a report to be made to the
1847 Medical Board of California or other appropriate State
1848 licensing agency, pursuant to California Business and
1849 Professions Code Section 805.
1850
1851 C. Upon receipt of a request for hearing, the ~~Medical Director~~ Chief
1852 Medical Officer shall deliver such request to the Executive
1853 Committee at its next regular or special meeting, if such is
1854 deemed necessary by the President of the Association. The
1855 Executive Committee shall, within fifteen (15) days after receipt
1856 of such request, schedule and arrange for a hearing. The date of
1857 the commencement of the hearing shall not be less than thirty (30)

1858 days nor more than sixty (60) days from the date of receipt of the
1859 request by the ~~Medical Director~~ Chief Medical Officer for a
1860 hearing; provided that when the request is received from a member
1861 who is under suspension which is then in effect, the hearing shall
1862 be held as soon as the arrangements may reasonably be made, but
1863 not to exceed fifteen (15) days from the date of receipt of the
1864 request for hearing by the ~~Medical Director~~ Chief Medical Officer.
1865

1866 D. As a part of, or together with, the notice of hearing, the
1867 Executive Committee shall state in writing, in concise language,
1868 the acts or omissions with which the applicant or Association
1869 member is charged, a list of charges by chart number under
1870 question, or the reasons for the denial of the application or
1871 request of the applicant or the Association member. If either
1872 party, by notice, requests a list of witnesses, then each party
1873 within fifteen (15) days of such request shall furnish to the
1874 other a list, in writing, of the names and addresses of the
1875 individuals, so far as is then reasonably known, who will give
1876 testimony or evidence in support of that party at the hearing.
1877

1878 E. When a hearing is requested, the Executive Committee shall appoint
1879 a Judicial Review Committee which shall be composed of not less
1880 than five (5) members of the Active Staff who shall not have
1881 actively participated in the consideration of the matter involved
1882 at any previous level. Such appointment shall include designation
1883 of the chairman. Knowledge of the particular matter on appeal
1884 shall not preclude a member from serving as a member of the
1885 Judicial Review Committee.
1886

1887 F. Failure, without a showing of good cause by the person requesting
1888 the hearing, to appear and proceed at such a hearing shall be
1889 deemed to constitute voluntary acceptance of the recommendations
1890 or actions involved which shall become final and effective
1891 immediately, subject to Article ~~IX~~XVIII.
1892

1893 G. Postponements and extensions of time beyond the time expressly
1894 permitted in these bylaws may be requested by anyone but shall be
1895 permitted by the Judicial Review Committee or its chairman acting
1896 upon its behalf only on a showing of good cause.
1897

1898 H. Within fifteen (15) days after final adjournment of the hearing
1899 [provided that in the event the member is currently under
1900 suspension, this time shall be ten (10) days], the Judicial Review
1901 Committee shall render a decision which shall be accompanied by
1902 a report in writing to the body whose decision prompted the
1903 hearing, to the Executive Committee, and to the chairman of the
1904 involved department. The decision of the Judicial Review
1905 Committee shall be to affirm, modify, or reverse the decision of
1906 the body whose decision prompted the hearing. In all cases, a
1907 copy of such decision and report shall be forwarded to the
1908 Director. The report shall contain a concise statement of the
1909 reasons justifying the decision made. At the same time, a copy
1910 of the decision and report shall be delivered to the person who
1911 requested the hearing by registered or certified mail, return
1912 receipt requested.
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1914 I. The decision of the Judicial Review Committee shall be considered
1915 final, subject only to the right of appeal as provided in Section
1916 4 of this Article VII.
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1918 J. No person who requested the hearing shall be entitled to more than
1919 one (1) hearing on any single matter which may be the subject of

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a hearing.

SECTION 3. HEARING PROCEDURE

- A. Under no circumstances shall the hearing be conducted without the personal presence of the person requesting the hearing unless he/she has waived such appearance in writing or has failed without good cause to appear after appropriate notice.
- B. The hearings provided for in these bylaws are for the purpose of ~~interprofessional~~ intraprofessional resolution of matters bearing on conduct or professional competency. Accordingly, neither the person requesting the hearing, the Executive Committee, nor the Director shall be represented in any phase of the hearing or appeals procedure by an attorney at law, unless the Judicial Review Committee, in its sole discretion, permits both sides to be represented by legal counsel. The person requesting the hearing shall be entitled to be accompanied by and represented at the hearing only by a physician, dentist, podiatrist, or clinical psychologist who is licensed to practice in the State of California, who is not an attorney at law, and, who, preferably, is a member in good standing of the Association. The body whose decision prompted the hearing may appoint a representative from the attending staff who shall present its decision and the materials in support thereof and examine witnesses.
- C. The presiding officer at the hearing shall be the hearing officer or, if none has been appointed in accordance with Subsection d of this Section 3, the chairman of the Judicial Review Committee. The presiding officer shall act to ensure that all participants in the hearing have a reasonable opportunity to be heard, to present all oral and documentary evidence, and that decorum is maintained. He/she shall be entitled to determine the order of procedure during the hearing. He/she shall have the authority and discretion, in accordance with these bylaws, to make all rulings on questions which pertain to matters of the law and to the admissibility of evidence.
- D. At the request of the person who requested the hearing, the Executive Committee, the Judicial Review Committee or the Director, on his/her own request, the Director may appoint a hearing officer, who may be an attorney at law, qualified to preside at the hearing. Such hearing officer may be legal counsel to Los Angeles County, provided that he/she acts during the hearing in accordance with this Article VII. He/she must not act as a prosecuting officer or as an advocate for the Medical Center, the Director, the Executive Committee, or the body whose decision prompted the hearing. If requested by the Judicial Review Committee, he/she may participate in the deliberations of such body and be a legal advisor to it, but he/she shall not be entitled to vote.
- E. The Judicial Review Committee shall maintain a record of the hearing by one of the following methods: by a certified shorthand or stenographic reporter present to make a record of the hearing or by a recording of the proceedings. The cost of any certified shorthand or stenographic reporter and any transcript shall be borne by the party requesting same. The Judicial Review Committee may, but shall not be required to, order that oral evidence shall be taken only on oath or affirmation administered by any person designated by such body and entitled to notarize documents in the State of California.

1982 F. At a hearing, both sides shall have the following rights: to ask
1983 Judicial Review Committee members questions which are directly
1984 related to determining whether they are impermissibly biased and
1985 to challenge such members, to call and examine witnesses, to
1986 introduce exhibits or other documents, to cross-examine any
1987 witness on any matter relevant to the issues, to impeach any
1988 witness, and to rebut any evidence. If the applicant or
1989 Association member does not testify in his/her own behalf, he/she
1990 may be called and examined as if under cross-examination. Any
1991 challenge to one or more members of the Judicial Review Committee
1992 shall be resolved by the Committee prior to continuation of the
1993 hearing.
1994
1995 G. The hearing shall not be conducted according to the rules of law
1996 relating to the examination of witnesses or presentation of
1997 evidence. Any relevant evidence shall be admitted by the
1998 presiding officer if it is the sort of evidence on which
1999 responsible persons are accustomed to rely on in the conduct of
2000 serious affairs, regardless of the admissibility of such evidence
2001 in a court of law. Each party shall have the right to submit a
2002 memorandum of points and authorities, and the Judicial Review
2003 Committee may request such a memorandum to be filed following the
2004 close of the hearing. The Judicial Review Committee may
2005 interrogate the witnesses or call additional witnesses if it deems
2006 it appropriate.
2007
2008 H. The presiding officer shall have the discretion to take official
2009 notice of any matters, whether technical or scientific, relating
2010 to the issues under consideration which could have been judicially
2011 noticed by the courts of this State. Participants in the hearing
2012 shall be informed of the matters to be officially noticed, and
2013 they shall be noted in the record of the hearing. The person
2014 requesting the hearing shall have the opportunity to request that
2015 a matter be officially noticed or to refute the noticed matters
2016 by evidence or by written or oral presentation of authority.
2017 Reasonable additional time, not to exceed thirty (30) days, shall
2018 be granted, if requested, to present written rebuttal of any
2019 evidence submitted on official notice.
2020
2021 I. The decision of the Judicial Review Committee shall be based on
2022 the evidence produced at the hearing. This evidence may consist
2023 of the following:
2024
2025 1. Oral testimony of witnesses;
2026
2027 B. Briefs or memoranda of points and authorities presented in
2028 connection with the hearing;
2029
2030 3. Any materials contained in the Medical Center or
2031 Association personnel files regarding the person who
2032 requested the hearing, ~~record~~ which have been made a part
2033 of the hearing record;
2034
2035 4. Any and all applications, references, medical records and
2036 other documents, which have been made a part of the hearing
2037 record;
2038
2039 5. All officially noticed matters; and
2040
2041 6. Any other admissible evidence.
2042
2043 J. Except as otherwise required by law, at any hearing involving any

of the grounds for hearing specified in Section 2, Subsection B, points I, ii, iii or vii of this Article VII, it shall be incumbent on the person who requested the hearing to initially come forward with evidence in support of his/her position. In all other cases specified in Section 2, Subsection B of this Article VII, it shall be incumbent on the body whose decision prompted the hearing to initially come forward with evidence to support its decision. Thereafter, the burden shall shift to the person who requested the hearing to come forward with evidence in his/her support. In all cases in which a hearing is conducted under this Article VII, after all the evidence has been submitted by both sides, the Judicial Review Committee shall rule against that the person who requested the hearing unless it finds that such person has proven, by a preponderance of the evidence, that the action of the body whose decision prompted the hearing was arbitrary, unreasonable, not supported by the evidence, or otherwise unfounded.

- K. The presiding officer may adjourn the hearing and reconvene the same at the convenience of the participants without special notice. Upon conclusion of the presentation of oral and written evidence, the hearing shall be closed. The Judicial Review Committee shall thereupon, outside of the presence of any other person, conduct its deliberations and render a decision and accompanying report, in the manner and within the time as provided in Section 2, Subsection H of this Article VII.

SECTION 4. APPEAL TO DIRECTOR

- A. Within fifteen (15) days after receipt of the decision of the Judicial Review Committee, either the person who requested the hearing or the body whose decision prompted the hearing may request an appellate review by the Director. Such request shall be to the Director, in writing, and shall be delivered either in person or by certified or registered mail, return receipt requested. If such appellate review is not requested within such period, both sides shall be deemed to have accepted the action involved, and it shall thereupon become final and shall be effective immediately, subject to Article ~~XXXXVIII~~. The written request of appeal shall also include a brief statement of the reasons for appeal.
- B. The grounds for appeal from the hearing shall be: (1) substantial failure of any person or body to comply with the procedures required by these bylaws in the conduct of the hearings and decisions upon hearings so as to deny due process and a fair hearing, or (2) the action taken by the Judicial Review Committee was arbitrary, capricious, with prejudice, or not supported by substantial evidence.
- C. In the event of any appeal to the Director, as set forth in the preceding Subsection b, the Director shall within fifteen (15) days after receipt of such notice of appeal, schedule and arrange for an appellate review. The Director shall cause the applicant or member to be given notice of the time, place, and date of the appellate review. The date of the appellate review shall not be less than thirty (30) days, nor more than sixty (60) days, from the date of receipt of the request for appellate review; provided that when a request for appellate review is from a member who is under suspension which is then in effect, the appellate review shall be held as soon as the arrangements may reasonably be made and not to exceed thirty (30) days from the date of receipt of the

- request for appellate review. The time for appellate review may be extended by the Director upon a showing of good cause.
- D. When an appellate review is requested, the Director shall appoint an Appeal Board which shall be composed of an odd number of not less than five (5) Appeal Board members, one of whom shall be designated by the Director as chairman. The ~~Medical Director~~ Chief Medical Officer and the Dean of the ~~Medical Professional School~~ shall be Appeal Board members. The remaining members shall be taken from the administrative and/or attending staffs of the Medical Center, or, otherwise, at the discretion of the Director. Knowledge of the particular matter on appeal shall not preclude anyone from serving as a member of the Appeal Board.
- E. The proceedings of the Appeal Board shall be in the nature of an appellate hearing based upon the record of the hearing before the Judicial Review Committee~~7~~, provided that the Appeal Board may, in its sole discretion, accept additional oral or written evidence subject to the same rights of cross-examination or confrontation provided at the Judicial Review Committee hearing. Each party shall have the right to present a written statement in support of his/her position on appeal, and in its sole discretion, the Appeal Board may allow each party or representative to personally appear and make oral argument. At the conclusion of oral argument, if allowed, the Appeal Board may thereupon at a time convenient to itself conduct deliberations outside the presence of the appellant and respondent and their representatives. The Appeal Board, after its deliberations, shall recommend, in writing, that the Director affirm, modify, or reverse the decision of the Judicial Review Committee, or refer the matter back to the Judicial Review Committee for further review and recommendations.
- F. Within fifteen (15) days after receipt of the recommendations of the Appeal Board, the Director shall render a final decision in writing and shall deliver copies thereof to the applicant or Association member and to the Executive Committee in person or by certified or registered mail, return receipt requested. The Director may affirm, modify~~7~~ or reverse the decision of the Judicial Review Committee or, in his/her sole discretion, refer the matter back to the Judicial Review Committee for further review and recommendations.
- G. Except where the matter is referred back to the Judicial Review Committee for further review and recommendation in accordance with Subsection f of this Section 4, the final decision of the Director following the appeal procedures set forth in this Section 4, shall be effective immediately and shall not be subject to further review. If the matter is referred back to the Judicial Review Committee for further review and recommendation, such Committee shall promptly conduct its review and report back to the Director within thirty (30) days except as the parties may otherwise stipulate in writing to extend such period. Within fifteen (15) days after receipt of the Judicial Review Committee's recommendations, the Director shall render a decision in writing and shall deliver copies thereof to the applicant or Association member and to the Executive Committee either in person or by certified or registered mail, return receipt requested. The Director may affirm, modify~~7~~ or reverse the decision of the Judicial Review Committee, and such decision shall be final and effective immediately and shall not be subject to further review.
- H. Except as otherwise provided in these bylaws, no applicant or

Association member shall be entitled, as a matter of right, to more than one appeal to the Director on any single matter which may be the subject of an appeal.

SECTION 5. EXHAUSTION OF REMEDIES

If any action described in Subsection B of Section 2 of this Article VII is taken or recommended, the practitioner shall exhaust all the remedies afforded by these bylaws before resorting to any legal action.

ARTICLE VIII

DEPARTMENTS AND DIVISIONS

SECTION 1. ORGANIZATION OF ~~DEPARTMENTS AND DIVISIONS~~ THE ASSOCIATION

- A. The ~~Medical Director~~ Chief Medical Officer shall be responsible for the functioning of the clinical organization of the Medical Center and shall keep or cause to be kept a careful supervision over all the clinical work done in the Medical Center.
- B. The Association shall be organized into departments, which are reflective of the scope of services provided within the Medical Center. Each department shall ~~be organized as a separate part of the Association and shall have a chairman who is supervised by the Chief Medical Officer and who shall be responsible for the overall supervision of the clinical, educational and research activities within his/her department selected and has the authority, duties, and responsibilities as specified in Article X.~~ The departments may have one or more divisions. Each division shall be organized as a specialty within a department, shall be directly responsible to the department within which it functions, and shall have a division chief who is selected and has the authority, duties and responsibilities as specified in this Article VIII.

SECTION 2. ~~DESIGNATION OF CURRENT~~ DEPARTMENTS AND DIVISIONS

- A. The current departments and divisions are:

1. Department of Anesthesiology
2. Department of Oral and Maxillofacial Surgery
3. Department of Emergency Medicine
4. Department of Family Medicine
5. Department of Medicine
 - (A) Division of General Internal Medicine
 - (B) Division of Cardiology
 - Ⓢ (C) Division of Gastroenterology
 - (D) Division of Infectious Diseases
 - (E) Division of Pulmonary and Thoracic Diseases
 - (F) Division of Nephrology and Hypertension
 - (G) Division of Endocrinology and Metabolic Diseases
 - (H) Division of Hematology and Oncology
 - (I) Division of Dermatology
 - (J) Division of Allergy and Immunology
 - (K) Division of Rheumatology

- 2230 6. Department of Neuroscience
2231
2232 (A) Division of Neurology
2233 (B) Division of Neurosurgery
2234
2235 7. Department of Obstetrics and Gynecology
2236
2237 8. Department of Otolaryngology and Head and Neck Surgery
2238
2239 (A) Division of Communicative Disorders
2240 (B) Division of Otology and Otoneurology
2241 ~~⊗~~ (C) Division of Head and Neck Oncology
2242 (D) Division of Research
2243
2244 9. Department of Pathology
2245
2246 10. Department of Pediatrics
2247
2248 11. Department of Psychiatry
2249
2250 12. Department of Radiology
2251
2252 13. Department of Surgery
2253
2254 (A) Division of General Surgery
2255 (B) Division of Orthopedic Surgery
2256 ~~⊗~~ (C) Division of Ophthalmology
2257 (D) Division of Thoracic Surgery
2258 (E) Division of Plastic Surgery
2259 (F) Division of Urology
2260

2261 B. CHANGES IN DEPARTMENTS AND DIVISIONS
2262

2263 ~~The organization of the Association, as set forth in this Section~~
2264 ~~2, may be changed by the Director, with concurrence of the~~
2265 ~~Executive Committee and the Dean, without the necessity of an~~
2266 ~~amendment to these bylaws. Changes to create, eliminate,~~
2267 ~~subdivide, further subdivide, or combine departments and/or~~
2268 ~~divisions may be made as deemed appropriate and consistent with~~
2269 ~~the number of practitioners available to fulfill its designated~~
2270 ~~obligations. Any such change shall be made by written notice to~~
2271 ~~all members of the Association.~~

2272
2273 Subject to the approval of the Director, the organization of
2274 the Association, as set forth in this Section 2, may be changed
2275 from time to time by the Executive Committee with the advice
2276 of Medical Center Administration without the necessity of an
2277 amendment to these bylaws. Prior to taking action regarding any
2278 proposed change, the Executive Committee, in its sole discretion,
2279 may request approval of the change at any annual or special
2280 Association meeting by the members present and eligible to vote,
2281 provided that a quorum exists. Following Executive Committee
2282 action, such change shall be effective only upon approval by the
2283 Director, which approval shall not be withheld unreasonably. The
2284 President shall notify all members of the Association of any
2285 approved change. Notwithstanding the above, it shall be
2286 exclusively within the control and discretion of the Director and
2287 the Governing Body to establish the scope and venue of services
2288 provided within the Medical Center, including, but not limited to,
2289 the creation, elimination, consolidation or modification of
2290 specific departments of the Medical Center.
2291

SECTION 3. ASSIGNMENT TO DEPARTMENTS AND DIVISIONS

Each practitioner shall be assigned membership in at least one department and division, if appropriate, but may be granted membership and/or clinical privileges in one or more other departments or divisions. The exercise of privileges within each department shall be subject to the rules and regulations therein and to the authority of the department chairman and division chief.

SECTION 4. FUNCTIONS OF DEPARTMENTS

~~A primary responsibility delegated to each department is to implement and conduct specific review and evaluation activities that contribute to the preservation and improvement of the quality and efficiency of patient care provided in the department. To carry out this responsibility, each department shall:~~

- ~~A. Conduct quality assurance activities as described in the Medical Center's Quality Assurance Program as approved by the Director.~~
- ~~B. Each department shall review all clinical work performed under its jurisdiction whether or not any particular person whose work is subject to such review is a member of that department. Family practitioners shall be subject to review by each department in which they exercise clinical privileges and shall also be subject to such reviews by the Department of Family Medicine.~~
- ~~C. Establish guidelines for the granting of clinical privileges and the performance of specified services within the department and submit the recommendations required under Articles IV and V regarding the specific privileges each member or applicant may exercise.~~
- ~~D. Conduct or participate in, and make recommendations regarding the need for, continuing education programs pertinent to changes in the state of the art and to findings of review, evaluation and monitoring activities.~~
- ~~E. Monitor, on a continuing and concurrent basis, adherence to:~~
 - ~~1. Association and Medical Center policies and procedures;~~
 - ~~2. Requirements for alternate coverage and for consultations;~~
 - ~~3. Sound principles of clinical practice;~~
 - ~~4. Fire and other regulations designed to promote patient safety.~~
- ~~F. Coordinate the patient care provided by the department's members with nursing and ancillary patient care services and with administrative support services.~~
- ~~G. Submit written reports to the Executive Committee on a regularly scheduled basis concerning:~~
 - ~~1. Findings of the department's review, evaluation and monitoring activities, actions taken thereon, and the results of such action;~~
 - ~~2. Recommendations for maintaining and improving the quality~~

2354 of care provided in the department and the Medical Center,
 2355 and
 2356

2357 ~~3. Such other matters as may be requested from time to time by~~
 2358 ~~the Executive Committee or required by accreditation or~~
 2359 ~~State licensing agencies.~~
 2360

2361 ~~II. Meet at least monthly for the purpose of receiving, reviewing, and~~
 2362 ~~considering patient care audit findings and the results of the~~
 2363 ~~department's other review, evaluation and monitoring activities~~
 2364 ~~and of performing or receiving reports on other department and~~
 2365 ~~staff functions.~~
 2366

2367 ~~I. Establish such committees or other mechanisms as are necessary and~~
 2368 ~~desirable to properly perform the functions assigned to it.~~
 2369

2370 A. The department chairs shall serve as liaison between the
 2371 departments and the Chief Medical Officer and shall also serve
 2372 to coordinate the functions of the departments under their
 2373 jurisdiction.
 2374

2375 B. Each department shall establish its own criteria, consistent
 2376 with the policies of the Medical Center and the Association, for
 2377 the granting and monitoring of clinical privileges in the
 2378 department and reappointment to the Association, and such
 2379 criteria must be approved by the Executive Committee.
 2380

2381 C. Each department shall propose, through its chair, rules and
 2382 regulations for the department that will apply in practice the
 2383 general principles set forth in these bylaws.
 2384

2385 D. Departments shall meet at least monthly to review and analyze
 2386 on a peer group basis the ongoing monitoring and evaluation of
 2387 the quality and appropriateness of the care and treatment
 2388 provided to patients. Each department shall submit a monthly
 2389 report to the Executive Committee detailing its review and
 2390 analyses of patient care.
 2391

2392 L. Each department shall conduct performance improvement activities
 2393 as described in the Medical Center's Performance Improvement
 2394 Program as approved by the Director.
 2395

2396 M. Each department shall establish such committees or other
 2397 mechanisms as are necessary and desirable to properly perform
 2398 the functions assigned to it.
 2399

2400 N. Each department shall conduct or participate in, and make
 2401 recommendations regarding the need for, continuing education
 2402 programs pertinent to changes in the state-of-the-art and to
 2403 findings of review, evaluation and monitoring activities.
 2404

2405 SECTION 5. FUNCTIONS OF DIVISIONS
 2406

2407 Each division shall, upon the approval of the Executive Committee, the Dean
 2408 and the Director, perform the functions assigned to it by its department
 2409 chairman. Such functions may include, without limitation, retrospective
 2410 patient care audit, the continuous monitoring of patient care practices,
 2411 credentials review and privileges delineation, and continuing education
 2412 programs. The division shall transmit regular reports to the department
 2413 chairman on the conduct of its assigned functions.
 2414

2415 SECTION 6. RESPONSIBILITIES OF DEPARTMENT CHAIRS AND DIVISION CHIEFS

- 2416 A. Each department chair shall be responsible for the following:
2417
2418 1. All clinical related activities in the department.
2419
2420 2. All administrative related activities of the department unless
2421 otherwise provided by the Medical Center.
2422
2423 3. The integration of the department into the primary functions of
2424 the Association.
2425
2426 4. The coordination and integration of interdepartmental and
2427 intradepartmental services.
2428
2429 5. The development and implementation of policies and procedures
2430 that guide and support the provision of services.
2431
2432 6. The recommendations for a sufficient number of qualified and
2433 competent persons to provide care/services.
2434
2435 7. Continuing surveillance of the professional performance of all
2436 persons in the department who have delineated clinical
2437 privileges in the department.
2438
2439 8. Recommending to the Executive Committee the criteria for
2440 clinical privileges that are relevant to the services provided
2441 in the department.
2442
2443 9. Recommending clinical privileges for each applicant and member
2444 of the department.
2445
2446 10. The determination of the qualifications and competence of
2447 departmental personnel who are not licensed independent
2448 practitioners.
2449
2450 11. The continuous assessment and improvement of the quality of care
2451 and services provided.
2452
2453 12. The maintenance of quality control programs, as appropriate.
2454
2455 13. The orientation and continuing education of all persons in the
2456 department.
2457
2458 14. Recommendations for space and other resources needed by the
2459 department.
2460
2461 15. Assessing and recommending to the relevant Medical Center
2462 authority off-site sources for needed patient care services not
2463 provided by the department or the Medical Center.
2464
2465 16. Assuring the departmental activities are considered for
2466 inclusion in the Medical Center's performance improvement
2467 program.
2468
2469 17. Performing such other duties as may from time to time be
2470 reasonably requested of him/her by the President of the
2471 Association, the Chief Medical Officer, the Executive Committee,
2472 the Chief Medical Officer of Health Services, or the Director.
2473
2474 B. Each department chair shall be a member of the Executive Committee.
2475
2476 C. Each division chief shall be responsible for all professional,
2477 administrative and educational activities delegated to him/her within

his/her division by the chair of his/her department.

SECTION 7. APPOINTMENT AND REMOVAL OF DEPARTMENT CHAIRS AND DIVISION CHIEFS

The department chairs and division chiefs shall all be members of the Active Staff who are qualified by training, experience and demonstrated abilities to be the chair of the particular department or chief of the particular division and shall be willing and able to discharge the functions of chair of the particular department or chief of the particular division. They shall be board certified in a specialty or subspecialty of the particular department or particular division or be able to establish, through the privilege delineation process, that they possess comparable competence. They shall be appointed by the Director, upon the recommendation of the Chief Medical Officer. Each department chair and division chief shall serve until his/her successor is appointed, unless he/she shall sooner resign or be removed. Removal of a department chair or division chief shall be effected by the Director acting either on his/her own initiative following consultation with the Chief Medical Officer and the President, or on the recommendation of the Chief Medical Officer or the Executive Committee.

ARTICLE IX

OFFICERS

SECTION 1. OFFICERS OF THE ASSOCIATION

A. IDENTIFICATION OFFICERS OF THE ASSOCIATION

The elected officers of the Association shall be: the President, President Elect, Executive Vice President, and Secretary-Treasurer.

A. 1. President

2. President-elect

B. The Chief Medical Officer shall be an ex-officio officer of the Association serving as the Secretary and shall also be a voting member.

B. OTHER OFFICIALS

Other officials of the Association shall include department chairmen, division chiefs, and such other officials as may be selected pursuant to these bylaws. To the extent that any such official performs any clinical function, he must become and remain a member of the Association. In all events, he is subject to these bylaws, the Association rules and regulations, and all other policies of the Medical Center.

C. SECTION 2. QUALIFICATIONS

Elected Officers must be members of the Active Staff members at the time of nomination and election and must remain Active Staff members in good standing during their term of office. Failure to maintain such status shall immediately create a vacancy in the office involved. The President and President-elect must be practitioners with

demonstrated competence in their fields of practice and demonstrate qualifications on the basis of training, experience and ability to direct the medico-administrative aspects of Medical Center and Association activities.

D. NOMINATIONS

1. Nominating Committee: The election of the officers of the Association shall be held at the annual meeting of the Association. A nominating committee shall be appointed by the Executive Committee not later than October 15th of each election year or at least forty five (45) days prior to a special election. This committee shall consist of three members of the Executive Committee and two members chosen from the Active Staff who are not members of the Executive Committee. The nominating committee shall nominate at least two nominees for each office. The recommendation of the nominating committee shall be made to the Association annual meeting and shall be delivered or mailed to the voting members of the Association at least thirty days prior to the election.

2. Additional Nomination: Further nominations may be made for any office by any voting member of the Association provided that the name of the candidate is submitted in writing to the chairman of the nominating committee and endorsed by the signatures of at least twenty-one other members who are eligible to vote. These nominations shall be delivered to the chairman of the nominating committee at least ten days prior to the day of election, for authentication and mailing, and as soon as reasonably practicable, to the voting members of the Association. Nominations from the floor will not be recognized and "write in" nominations will nullify a person's ballot.

E. ELECTION

Officers shall be elected at the annual meeting of the Association. Only Association members accorded the prerogative to vote for Association officers under Articles III and IV shall be eligible to vote.

Voting shall be by secret written ballot. A nominee shall be elected upon receiving a majority of the valid votes cast. If no candidate for the office receives a majority vote on the first ballot, a runoff election shall be held promptly between the two candidates receiving the highest number of votes. In the case of a tie on the second ballot, the majority vote of the Executive Committee shall decide the election at its next regular meeting or a special meeting called for that purpose. This vote shall also be by secret written ballot.

SECTION 3. ELECTION

A. The President-elect shall be elected for a one (1) year term at the annual Association meeting. Only Active Staff members of the Association shall be eligible to vote. Election shall be by simple majority of the votes cast.

B. The voting shall be by written ballot. In the event that there are three (3) or more candidates for office and no candidate receives a majority, there shall be successive balloting such that the name of the candidate receiving fewest votes is omitted from each successive slate until a simple majority vote is obtained by one (1) candidate. If two (2) candidates have the same number of least votes, both

shall be omitted from the successive slate.

C. The nominating committee shall consist of five (5) members of the Association including the immediate past-president of the Association and four (4) from the Active Staff, appointed by the President of the Association at least two (2) months prior to the date of the annual meeting. This committee shall offer one or more nominees for the office of President-elect. The report of this committee shall be appended to the announcement calling for the annual Association meeting.

D. Nominations may also be made by petition signed by at least ten (10) members of the Active Staff, accompanied by written consent of the nominee(s) and filed with the Secretary at least ten (10) days prior to the annual meeting. In this event, the Secretary shall promptly advise the membership of the additional nomination(s) by mail.

F-SECTION 4. TERM OF ELECTED OFFICE

~~Each elected officer shall serve a one (1)-year term or until a successor is elected. The President-elect shall serve a one (1) year term, at the conclusion of which he/she shall become President. Officers shall take office on the first day of the Association Year following the election of the President-elect, commencing on the first day of the Association Year following his election. Each officer shall serve until the end of his term and until a successor is elected and installed, unless he shall sooner resign or be removed from office. It shall be the duty of each officer so elected to familiarize himself with the duties of his office between his election and his installation at the commencement of the Association Year of his term. No officer, with the exception of the Secretary-Treasurer, may hold the same office for more than three consecutive years.~~

G-SECTION 5. REMOVAL OF ELECTED AND EX-OFFICIO OFFICERS

~~Except as otherwise provided, removal of an officer may be effected by the Executive Committee acting upon its own initiative or by a two-thirds vote of the members eligible to vote for officers. Removal of an elected officer may be based only upon failure to meet qualifications, as described in Section 2 of this Article IX, or failure to perform the duties of the elected office as described in these bylaws. position held as described in these bylaws. Removal of an ex-officio officer shall be effected by the Director acting on his/her own initiative.~~

H-SECTION 6. VACANCIES IN ELECTED OFFICE

~~Vacancies in offices, other than that of President, shall be filled by the Executive Committee. If there is a vacancy in the office of President, the President-Elect shall serve out the remaining term, and shall continue for the term for which he/she was elected.~~

SECTION 7. DUTIES OF OFFICERS

A. PRESIDENT: The President shall:

1. Act in coordination and cooperation with

the Director, the Chief Medical Officer of Health Services, the Chief Executive Officer, the Chief Medical Officer, and the Dean and the department chairs of the Professional School in all matters of mutual concern within the Medical Center.

2. Preside at all meetings of the Association.
3. Serve as chair of the Executive Committee.
4. Serve as ex officio member of all other Association committees.
5. Be responsible, in conjunction with the Chief Medical Officer, for the enforcement of the Association bylaws, rules and regulations, and for the Association's compliance with procedural safeguards in all instances where corrective action has been requested against a practitioner.
6. Appoint, in consultation with the Chief Medical Officer and with approval of the Executive Committee, committee members and officers to all standing Association committees as listed in Article X except as otherwise provided in Article X.
7. Represent the views, policies, needs and grievances of the Association to the Chief Executive Officer, the Chief Medical Officer of Health Services, and the Chief Medical Officer.
8. Be spokesman for the Association.
9. Perform such other functions as may be assigned to him/her by these bylaws, by the membership, by the Executive Committee, and by the Director.

~~The President shall be the executive officer of the Association, shall preside at all meetings of the members and of the Executive Committee, shall appoint all department committees, upon recommendation of the department chairmen, with the concurrence of the Medical Director and the approval of the Executive Committee, shall be an ex officio member of all committees, and shall perform such other functions as may be assigned to him by these bylaws, by the membership, by the Executive Committee, or by the Director.~~

B.

PRESIDENT-ELECT

The President-Elect, in the absence of the President, he/she shall assume all duties and authority of the President. He/she shall be the vice-chair of the Executive Committee and ~~shall perform such other duties as the President may assign to him, and shall perform such other functions as may be assigned to him/her by these bylaws, by the membership, by the Executive Committee, or by the Director.~~

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C. ~~EXECUTIVE VICE PRESIDENT~~

~~The Medical Director shall serve, ex officio, as Executive Vice President of the Association. The Executive Vice President shall be responsible for the giving of the notices required by these bylaws, performing the duties of the Secretary-Treasurer in his absence, and, in the absence of the President and President-Elect, assuming all duties and authority of the President, and shall perform such other functions as may be assigned to him by these bylaws, by the membership, by the Executive Committee, or by the Director.~~

D.C.

SECRETARY-TREASURER: The Secretary shall:

~~The Secretary-Treasurer shall maintain a roster of members, shall keep accurate and complete minutes of all Association meetings, shall call meetings on the order of the President, shall attend to all correspondence, shall excuse absences from meetings on behalf of the Executive Committee, and shall perform such other functions as may be assigned to him by these bylaws, by the membership, by the Executive Committee, or by the Director.~~

1. Keep accurate and complete minutes of all Association meetings and perform other secretarial functions.
2. Coordinate the cooperative efforts of the President, the Chief Executive Officer, and the Dean of the Professional School in all matters of mutual concern within the Medical Center.
3. Receive and interpret the policies of the Governing Body and the Director to the Association, and report to the Governing Body and the Director, through the Chief Executive Officer and the Chief Medical Officer of Health Services, on the performance and maintenance of quality with respect to the health care provided in the Medical Center.
4. Attend to all procedures regarding application for membership in the Association as detailed in these bylaws.
5. Serve as secretary of the Executive Committee and implement its recommendations and suggest items for its consideration.
6. Refer appropriate items to the various other committees of the Association.
7. With concurrence of the President, call and be responsible for the agenda of all meetings of the Association.
8. Serve as an ex officio member of all committees of the Association.

- 2788 9. Coordinate the educational activities of
2789 the Association with the Professional
2790 School.
2791
2792 10. Perform such other functions as may be
2793 assigned to him/her by these bylaws, by
2794 the membership, by the Executive
2795 Committee, and by the Director.
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2797

2798 **ARTICLE X**
2799

2800 **DEPARTMENT CHAIRMEN AND DIVISION CHIEFS**
2801

2802 **SECTION 1. DEPARTMENT CHAIRMEN**
2803

2804 **A. QUALIFICATIONS**
2805

2806 Each department chairman shall:
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- 2808 1. Be an Active Staff member,
2809
2810 2. Be a County Civil Service classified
2811 employee,
2812
2813 3. Have demonstrated ability in at least one
2814 of the clinical areas covered by the
2815 particular department,
2816
2817 4. Be board certified in a specialty or
2818 subspecialty of the particular department
2819 or be able to establish, through the
2820 privilege delineation process, that he
2821 possesses comparable competence, and
2822
2823 5. Be willing and able to faithfully
2824 discharge the functions of the particular
2825 department.
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2827

2828 **B. APPOINTMENT**
2829

2830 The department chairmen shall be appointed by the Director
2831 on the recommendation of the Medical Director, the Executive
2832 Committee, and the Dean of the Medical School.
2833
2834

2835 **C. TERM OF APPOINTMENT**
2836

2837 Each department chairman shall serve a six year term, subject
2838 to all applicable County Civil Service rules and
2839 requirements, commencing on the first day of the Association
2840 Year following his appointment, unless appointed to fill an
2841 unexpired term, in which event, he shall serve for the period
2842 of the unexpired term. He shall serve until the end of his
2843 term and until his successor is chosen, unless he shall
2844 sooner resign or be removed. A department chairman shall
2845 be eligible to succeed himself. Removal of a department
2846 chairman shall be effected by the Director acting either on
2847 his own initiative or on the recommendation of the Medical
2848 Director or Executive Committee.
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2850 ~~D. DUTIES~~

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~~Each department chairman shall:~~

~~1. Be accountable to the Executive Committee and the Medical Director for all professional and administrative activities within his department, and particularly for the quality of patient care rendered by members of his department and for the effectiveness of the quality assurance program of his department.~~

~~2. Develop and implement departmental programs, in cooperation with the Medical Director, for concurrent patient care review, ongoing monitoring of practice, credentials review and privileges delineation, medical education, and utilization review.~~

~~3. Be a member of the Executive Committee, give guidance on the overall medical policies of the Medical Center, and make specific recommendations and suggestions regarding his own department.~~

~~4. Maintain continuing review of the professional performance of all practitioners with clinical privileges and of all allied health professionals with specified services in his department and report regularly thereon to the Medical Director and to the Executive Committee.~~

~~5. Transmit to the appropriate authorities his department's recommendations concerning appointment and classification, reappointment, delineation of clinical privileges or specified services, and corrective action with respect to persons in his department.~~

~~6. Enforce the Association bylaws, rules, policies and regulations within his department, including initiating corrective action and investigation of clinical performance and ordering consultations to be provided or to be sought when necessary.~~

~~7. Implement within his department actions taken by the Executive Committee and the Director.~~

~~8. Participate in every phase of administration of his department through cooperation with the nursing service and Medical Center Administration in matters affecting patient care, including personnel, supplies, special regulations, standing orders and techniques.~~

2912 ~~9. Act as presiding officer at all department~~
2913 ~~meetings.~~
2914
2915 ~~10. Assist in the preparation of such annual reports and~~
2916 ~~evaluation of services as required, including budgetary~~
2917 ~~planning, pertaining to his department as may be required by~~
2918 ~~the Executive Committee.~~
2919
2920 ~~11. Perform such other duties as may from time to time be~~
2921 ~~reasonably requested of him by the President of the~~
2922 ~~Association, the Medical Director, the Executive Committee,~~
2923 ~~or the Director.~~
2924
2925 ~~SECTION 2. DIVISION CHIEFS~~
2926
2927 ~~A. QUALIFICATIONS~~
2928
2929 ~~Each division chief shall be: (1) an Active Staff member and~~
2930 ~~a member of the division which he is to head, (2) a County~~
2931 ~~employee, (3) qualified by training, experience, interest and~~
2932 ~~demonstrated current ability in the clinical area covered~~
2933 ~~by the particular division, (3) board certified in a~~
2934 ~~specialty or subspecialty of the particular division or be~~
2935 ~~able to establish, through the privilege delineation process,~~
2936 ~~that he possesses comparable competence, and (4) willing and~~
2937 ~~able to faithfully discharge the functions of chief of the~~
2938 ~~particular division.~~
2939
2940 ~~D. APPOINTMENT~~
2941
2942 ~~Each division chief shall be appointed by the Director on the~~
2943 ~~recommendation of the appropriate department chairman and the~~
2944 ~~Executive Committee.~~
2945
2946 ~~C. TERM OF APPOINTMENT~~
2947
2948 ~~Each division chief shall serve a one year term, subject to~~
2949 ~~all applicable County Civil Service rules and requirements,~~
2950 ~~commencing on the first day of the Association Year following~~
2951 ~~his appointment, unless appointed to fill an unexpired term,~~
2952 ~~in which event, he shall serve for the period of the~~
2953 ~~unexpired term. He shall serve until the end of his term and~~
2954 ~~until his successor is chosen, unless he shall sooner resign~~
2955 ~~or be removed. A division chief shall be eligible to succeed~~
2956 ~~himself. Removal of a division chief shall be effected by~~
2957 ~~the Director acting either on his own initiative or upon the~~
2958 ~~recommendation of his department chairman, the Medical~~
2959 ~~Director, or the Executive Committee.~~
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2961
2962 ~~D. DUTIES~~
2963
2964 ~~Each division chief shall:~~
2965
2966 ~~1. Be accountable to the department chairman,~~
2967 ~~the Executive Committee and the Medical~~
2968 ~~Director for all professional and~~
2969 ~~administrative activities within his~~
2970 ~~division, and particularly for the quality~~
2971 ~~of patient care rendered by members of his~~
2972 ~~division and for the effectiveness of the~~
2973 ~~quality assurance program of his division.~~

- 2974 2. ~~Develop and implement, in cooperation with~~
2975 ~~his department chairman, programs to carry~~
2976 ~~out the quality assurance program,~~
2977 ~~evaluation and monitoring functions~~
2978 ~~assigned to his division.~~
2979
2980 3. ~~Exercise general supervision over all~~
2981 ~~clinical work performed within his~~
2982 ~~division.~~
2983
2984 4. ~~Conduct investigations and submit reports~~
2985 ~~and recommendations to his department~~
2986 ~~chairman regarding the clinical privileges~~
2987 ~~to be exercised within his division by~~
2988 ~~members of or applicants to the~~
2989 ~~Association.~~
2990
2991 5. ~~Act as presiding officer at all division~~
2992 ~~meetings.~~
2993
2994 6. ~~Perform such other duties as may from~~
2995 ~~time to time be reasonably requested of~~
2996 ~~him by his department chairman, the~~
2997 ~~President of the Association, the Medical~~
2998 ~~Director, the Executive Committee, or the~~
2999 ~~Director.~~
3000

3001 ARTICLE ~~XI~~ X

3002 COMMITTEES

3003 SECTION 1. GENERAL PROVISIONS

3004 There shall be an Executive Committee and such other standing and special
3005 committees as may from time to time be necessary and desirable to perform the
3006 Association functions described in these bylaws. The Executive Committee may
3007 by resolution establish a committee to perform one or more of the required
3008 Association functions.

3009 The committees described in this Article ~~XIX~~ shall be the standing committees
3010 of the Association. Unless otherwise specified, the members of such
3011 committees and the chairman, ~~vice chairman, and any other officers thereof~~
3012 shall be appointed by the President subject to approval by the Executive
3013 Committee, and Chairs of the committees must be Association members in good
3014 standing. ~~Such~~ committees shall be responsible to the Executive Committee.

3015 ~~Special committees may be created by the Executive Committee to perform~~
3016 ~~specified tasks. Such committees shall terminate at the end of the~~
3017 ~~Association Year, unless they are renewed by the Executive Committee. The~~
3018 ~~members and officers of special committees shall also be appointed by the~~
3019 ~~President, subject to the Executive Committee approval.~~

3020 Unless otherwise specified, each committee chair and member shall be appointed
3021 for a term of one (1) year and shall serve until the end of this period or
3022 until a successor is appointed, whichever occurs later, unless he/she sooner
3023 resigns or is removed.

3024 Any committee member, ~~not including~~ including the chair but not including a
3025 committee member serving ex-officio, may be removed by a majority vote of
3026 the Executive Committee.

3027 Unless otherwise specified, any vacancies on any committee shall be filled

3036 in the same manner in which an original appointment to such committee is made.

3037
3038 Whenever these bylaws require that a function be performed by, or that a
3039 report or recommendation be submitted to a named committee but no such
3040 committee exists, the Executive Committee shall perform such function or
3041 receive such report or recommendation or shall assign the functions of such
3042 committee to a new or existing committee of the Association or to the
3043 Association as a whole.

3044
3045 SECTION 2. EXECUTIVE COMMITTEE

3046
3047 A. COMPOSITION

3048 The Executive Committee shall consist of the following
3049 persons members:

3050
3051 1. The elected and ex-officio officers of the Association
3052 as listed described in Article IX, Section 1;

3053
3054 2. Immediate past President;

3055
3056 3. The Chief Executive Officer;

3057
3058 ~~2-4. Dean of the Medical Professional School, Administrator,~~
3059 ~~and Director of Nursing;~~

3060
3061 5. Associate Medical Director;

3062
3063 6. Chief Nursing Officer;

3064
3065 ~~3-7. Department chairmen.~~

3066
3067 8. Other members of the Active Staff may be appointed to
3068 the Executive Committee by majority vote of the members of
3069 the Executive Committee.

3070
3071 9. The Director and the Chief Medical Officer of Health
3072 Services are ex-officio members.

3073
3074
3075 B. ~~OFFICERS~~

3076 The President, President-elect and Secretary ~~Treasurer~~ of the
3077 Association shall serve as chairman, vice chairman and
3078 secretary, respectively, of the Executive Committee.

3079
3080
3081 ~~CB.~~ DUTIES

3082 The ~~Executive Committee shall:~~

3083
3084 1. Represent and act on behalf of the
3085 Association in the intervals between
3086 Association meetings, subject to such
3087 limitations as may be imposed by these
3088 bylaws.

3089
3090 2. Coordinate and implement the professional
3091 and organizational the activities and
3092 general policies of the various
3093 departments Association.

3094
3095 3. Coordinate the activities and general
3096 policies of the various departments and
3097

divisions.

34. Receive and act upon reports and recommendations from Association committees, departments, and divisions, and upon from special staff reports.
- ~~4. Implement policies of the Association not otherwise the responsibility of the departments.~~
5. Provide a formal liaison among the Association, the ~~Medical Center~~ Administration Chief Executive Officer, and, through the Director, the Governing Body.
6. Recommend action to the ~~Medical Director~~ Chief Medical Officer, Chief Executive Officer, and Governing Body, through the Director, and Administrator on matters of medical-administrative nature.
- ~~7. Make recommendations on Medical Center management matters to the Administrator.~~
7. Evaluate the health care rendered to patients in the Medical Center.
8. Fulfill the Association's accountability to the Governing Body for the health care rendered to patients in the Medical Center and assure to be certain that the Governing Body supplies sufficient resources for the attending staff to render quality health care.
9. ~~Assist in obtaining and maintaining~~ Ensure that the Association is kept abreast of the licensing and accreditation status for of the Medical Center.
10. ~~Provide for the preparation of all Association programs or the delegation of this responsibility~~ Take reasonable steps to develop continuing education activities and programs for the Association.
11. ~~Review the credentials of all applicants and make recommendations to the Director for Association membership appointments and reappointments, assignments to departments, and delineation of clinical privileges~~ Review the credentials, performance, and professional competence, character and other qualifications of all applicants and make recommendations to the Director for Association membership appointments and reappointments, assignments to departments, and delineation of clinical privileges, and corrective action.

- 3160 12. Take all reasonable steps to ensure
3161 professionally ethical conduct and
3162 competent clinical performance on the part
3163 of all members of the Association,
3164 including the initiation and
3165 recommendation of, and/or participation
3166 in, Association corrective or review
3167 measures when warranted; and.
3168
3169 13. Assess and make recommendations regarding
3170 the selection of contracted health services
3171 and the evaluation of such services through
3172 Department of Health Services' monitoring
3173 activities.
3174
3175 1314. Report at each the annual and quarterly
3176 meeting of the Association.
3177

3178 D. MEETINGS
3179

3180 The Executive Committee shall meet at least ten (10) months
3181 per year monthly, shall maintain a permanent record of its
3182 proceedings and actions, and shall submit at least a
3183 quarterly report during at least ten (10) months per year
3184 to the Assistant Director on its activities.
3185

3186 SECTION 3. CREDENTIALS COMMITTEE
3187

3188 A. COMPOSITION
3189

3190 The Credentials Committee shall consist of members of the Active Staff,
3191 to include as follows:
3192

- 3193 1. Two (2) representatives from the Department of Medicine;
3194
3195 2. Two (2) representatives from the Department of Surgery;
3196 and
3197
3198 3. One (1) representative from each of the other departments.
3199

3200 B. DUTIES
3201

3202 ~~The Credentials Committee shall:~~
3203

- 3204 1. ~~Review and evaluate the qualifications of each applicant for~~
3205 ~~initial appointment, reappointment, or modification of~~
3206 ~~Association membership and make recommendations for~~
3207 ~~delineation of clinical privileges in conformity with Article~~
3208 ~~IV and V.~~
3209

3210 Review the qualifications and credentials of all applicants
3211 and make recommendations for Association membership
3212 appointment and reappointments, assignments to departments,
3213 and delineation of clinical privileges in accordance with
3214 Articles IV and V.
3215

- 3216 2. ~~Review and evaluate the qualifications and recommendations~~
3217 ~~of appropriate department chairmen for each allied health~~
3218 ~~professional applying to perform specified services.~~
3219

3220 Make reports to the Executive Committee, in accordance with
3221 Articles IV and V, on each applicant for Association

membership or clinical privileges, including specific consideration of the recommendation(s) from the department(s) in which such applicant has requested privileges.

3. ~~Submit reports, in accordance with Articles IV and V, on the qualifications of each applicant for membership or particular clinical privileges. Such reports shall include recommendations with respect to appointment, membership category, department affiliation, clinical privileges, and special conditions attached thereto.~~

Review all information available regarding the competence of Association members and, as a result of such reviews, make recommendations for the granting of privileges, reappointments to membership, and the assignment of practitioners to various departments as provided in Articles IV and V.

4. ~~Investigate, review and report on matters, including, but not limited to, the clinical or ethical conduct of any member or other practitioner, assigned or referred by the President of the Association, the Medical Director, or the Executive Committee.~~

5. ~~Submit reports monthly to the Executive Committee on the status of pending applications, including the specific reasons for any inordinate delay in processing an application or request.~~

C. MEETINGS

~~The Credentials Committee shall meet as needed but at least ten (10) months per year quarterly, shall maintain a permanent record of its proceedings and actions, and shall submit at least a quarterly report during at least ten (10) months per year to the Executive Committee on its activities. Meetings shall be called by the chairman.~~

SECTION 4. IMPROVING ORGANIZATIONAL PERFORMANCE COMMITTEE

A. COMPOSITION

The membership of the Improving Organizational Performance Committee shall be composed of the Improving Organizational Performance Coordinator of each department appointed annually by their department chairman subject to approval by the President and Executive Committee. Other members of the Committee shall include the Medical Center's Quality Assurance Coordinator Manager and one (1) representative of each of the following: Medical Center Administration, nursing service, Utilization Management Committee, Medical Records Committee, and nursing education. Representatives from other Medical Center departments shall be required to attend Committee meetings when requested by the Committee.

B. DUTIES

~~The Improving Organizational Performance Committee shall assure that the Medical Center's Quality Assurance Program is:~~

1. Described in writing Annually review, evaluate and recommend approval of the Medical Center wide Performance

Improvement Plan.7

2. ~~Ongoing, integrated/coordinated~~ Establish systems to identify potential problems in patient care.7

3. ~~Representative of all clinical disciplines and practitioners~~ Set priorities for action on problem correction.7

4. ~~Criterion based or goal related~~ Refer priority problems for assessment and corrective action to appropriate departments or committees.7

5. ~~Concerned primarily with the identification, prioritization, and sustained resolution of problems~~ Review, evaluate and approve departmental and committee plans for monitoring, evaluating and improving patient care.7

6. ~~Implemented and has established mechanisms for reviewing and evaluating patient care~~ Receive reports at least quarterly from each department on its performance improvement throughout the Medical Center.7 and

7. ~~Responsive to findings~~ Coordinate and monitor results of performance improvement activities throughout the Medical Center.

8. Assist the Association and the Medical Center to meet Joint Commission on Accreditation of Healthcare Organizations and other applicable requirements relating to performance improvement.

9. Report relevant findings and results of performance improvement activity to the Executive Committee and Governing Body.

C. MEETINGS

The Committee shall meet at least monthly, shall maintain a permanent record of its proceedings and actions, and shall submit a monthly report to the Executive Committee on its activities.

SECTION 5. UTILIZATION MANAGEMENT COMMITTEE

A. COMPOSITION

The Utilization Management Committee shall consist of: the ~~Utilization Management Director-Program Administrator and Program Manager of Utilization Review Programs;~~ one (1) physician representative from each of the following departments: Medicine, Surgery, Pediatrics, Psychiatry, Obstetrics and Gynecology, Pathology, Radiology, Anesthesiology, Emergency Medicine, Otolaryngology and Head and Neck Surgery, and Oral and Maxillofacial Surgery; Utilization Management Supervisors7 and one (1) representative from each of the following: rehabilitative services, medical social services, nursing service, medical records department, Medical Center hospital administration, Medical Center medical administration, and Medical Center fiscal administration. ~~Subcommittees, appointed by the parent Committee, may also be formed for each department or~~

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~~division.~~

B.

DUTIES

~~The Utilization Management Committee shall perform the following functions:~~

1. ~~Utilization Review Studies:~~ ~~The Committee shall conduct utilization review~~ Oversee studies designed to evaluate the appropriateness of admissions to the Medical Center, lengths of stay, discharge practices, use of medical and Medical Center services, and all related factors which may contribute to the effective utilization of ~~the Medical Center and practitioner services.~~ It The Committee shall communicate prepare reports of the Committee's actions and the results of its studies and other pertinent data to the Executive Committee and shall make recommendations for the utilization of the Medical Center services commensurate with quality of patient care and safety. shall forward same to the Director, through the Medical Director, who shall comment and take necessary action.

2. Review and recommend a utilization management plan for the Medical Center, which shall be approved by the Executive Committee.

3. Evaluate the medical necessity for continued Medical Center services for particular patients, where appropriate.

No practitioner shall have review responsibility for any extended stay cases in which he/she was directly professionally involved.

4. Receive, review and evaluate statistical data and associated information obtained or generated by Utilization Management.

2. ~~Written Utilization Review Plan:~~ ~~It shall also formulate a written utilization review plan for the Medical Center, making sure that all areas are adequately covered. Such plan, as approved by the Association and Director, must be in effect at all times and must include, among other things, all of the following elements:~~

A. ~~The organization and composition of committees which will be responsible for the utilization review function;~~

B. ~~Frequency of meetings; and~~

C. ~~The types of records to be kept.~~

C.

MEETINGS

The Utilization Management Committee shall meet at least quarterly ~~monthly~~, shall maintain a permanent record of its findings, proceedings and actions, and shall submit a quarterly ~~monthly~~ report to the Executive Committee on its activities.

SECTION 6.

MEDICAL RECORDS COMMITTEE

3408 A. COMPOSITION
3409
3410 The Medical Records Committee shall consist of at least three
3411 (3) representatives from the Association and one (1) each
3412 from the nursing service, medical records department, medical
3413 social services, and Medical Center Administration.
3414
3415 B. DUTIES
3416
3417 ~~The Medical Records Committee shall:~~
3418
3419 1. Review and evaluate medical records, or a representative
3420 sample, to determine that they whether the medical records:
3421
3422 A. ~~Meet minimum criteria for quality and~~
3423 ~~completeness as established by Medical~~
3424 ~~Center policy and also meet standards for~~
3425 ~~clinical pertinence;~~
3426
3427 ~~B.~~ Properly describe the condition and
3428 diagnosis, the progress of the patient,
3429 during hospitalization and at the time of
3430 discharge, the treatment and tests
3431 provided, the services provided, the
3432 results thereof, and the adequate
3433 identification of individuals and
3434 responsibility responsible for all actions
3435 taken orders given and treatment and tests
3436 rendered. ~~and~~
3437
3438 ~~CB.~~ Are sufficiently complete at all times ~~so~~
3439 ~~as to facilitate continuity of care and~~
3440 ~~communications between all those~~
3441 individuals providing patient care
3442 services in the Medical Center.
3443
3444 2. Review and make recommendations for
3445 Association and Medical Center policies,
3446 rules and regulations relating to medical
3447 records, including ~~medical records~~
3448 completion, forms, and formats, filing,
3449 indexing, storage, destruction, and
3450 availability and recommend methods of
3451 enforcement thereof and changes therein.
3452
3453 ~~3.~~ ~~Act upon recommendations from the~~
3454 ~~Executive Committee, the departments, and~~
3455 ~~other committees responsible for patient~~
3456 ~~care audit and other quality review,~~
3457 ~~evaluation and monitoring functions.~~
3458
3459 ~~43.~~ Provide liaison with Medical Center
3460 Administration and the medical records
3461 professionals in the employ of the Medical
3462 Center on matters relating to medical
3463 records practices.
3464
3465 4. Meet Joint Commission on Accreditation of
3466 Healthcare Organizations' requirements
3467 related to medical records.
3468
3469 5. ~~Maintain a record of all actions taken and~~

3470 submit ~~periodic reports and~~
3471 ~~recommendations to the Executive Committee~~
3472 ~~concerning medical records practices in~~
3473 ~~the Medical Center.~~

3474
3475 Review and approve all Medical Center
3476 policies and regulations relating to
3477 medical records as well as new forms,
3478 prior to their institution in the medical
3479 record.

3480
3481 6. Conduct in-depth surveys of all medical
3482 service records.

3483
3484 C. MEETINGS

3485
3486 The Committee shall meet at least quarterly, shall maintain
3487 a permanent record of its proceedings and actions, and shall
3488 submit a quarterly report to the Executive Committee on its
3489 activities.

3490
3491 SECTION 7. PHARMACY AND THERAPEUTICS COMMITTEE

3492
3493 A. COMPOSITION

3494 The Pharmacy and Therapeutics Committee shall consist of: at
3495 least one (1) physician representative from each of the
3496 following departments: Medicine, Surgery, Pediatrics,
3497 Obstetrics and Gynecology, Psychiatry, Anesthesiology,
3498 Emergency Medicine, Radiology, and Oral and Maxillofacial
3499 Surgery; an one (1) representative from each of the
3500 following: nursing service and pharmacy services; ~~and one~~
3501 ~~(1) resident physician.~~ Non-voting members shall consist of
3502 ~~one (1) representative from Medical Center hospital~~
3503 ~~administration and Medical Center medical administration.~~

3504
3505 B. DUTIES

3506
3507 ~~The Pharmacy and Therapeutics Committee shall:~~

- 3508
3509 1. ~~Serve in an advisory capacity to the~~
3510 ~~Executive Committee in determining which~~
3511 ~~drugs are acceptable for use at the~~
3512 ~~Medical Center. Develop policies related~~
3513 ~~to medication use and practices within the~~
3514 ~~Medical Center in order to maximize~~
3515 ~~therapeutic outcomes and minimize adverse~~
3516 ~~drug reactions.~~
3517
3518 2. ~~Develop or approve policies and procedures~~
3519 ~~relating to the selection, distribution,~~
3520 ~~handling, use and administration of drugs~~
3521 ~~and diagnostic testing materials. Survey,~~
3522 ~~periodically, medication use.~~
3523
3524 3. ~~Be certain that medications are disposed~~
3525 ~~of in such a manner as to prevent improper~~
3526 ~~access by unauthorized persons. Assist in~~
3527 ~~the formulation of broad policies~~
3528 ~~regarding the prescribing, purchasing,~~
3529 ~~dispensing, administration, monitoring and~~
3530 ~~all other aspects of medication use in the~~
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Medical Center.

4. ~~Establish programs and procedures to ensure cost effective medication use. Serve as an advisory group to the attending staff, nurses, pharmacists, and Medical Center Administration on matters pertaining to the choice and cost of available medications.~~
5. ~~Evaluate services provided by the pharmacy services, and shall make recommendations to the Association and to Medical Center Administration. Make recommendations concerning medications to be stocked on the nursing units and by other services.~~
6. ~~Define and review all untoward drug reactions which occur in the Medical Center. Develop and review periodically a formulary or medication list for use in the Medical Center.~~
7. ~~Review and approve policies and procedures pertaining to drug use and administration annually. Participate in the development and analysis of a Medication Use Evaluation Program.~~
8. ~~Be notified by the Pharmacy Director of investigational drug protocols that are approved by the Committee for the Protection of Human Rights. Conduct drug utilization evaluations and supervise the concurrent drug surveillance program.~~
9. ~~Review and set policy for standing orders and automatic stop orders as it relates to medications. Oversee the use of research and experimental medications in the Medical Center.~~
10. ~~Set policy and shall determine which drugs will be permitted at the patient's bedside, to be self-administered. Review all untoward or adverse drug reactions.~~
11. ~~Shall make recommendations on the drugs to be stocked in patient care areas (floor stock).~~
12. ~~Shall make recommendations to the County of Los Angeles Shared Pharmacy Services Group regarding packaging of drugs, when necessary.~~
13. ~~Shall annually review and update the Medical Center Drug Formulary.~~
14. ~~Initiate, direct, and review the results of medication usage evaluations.~~
15. ~~Direct the pharmacy services to publish a monthly bulletin.~~

- 3594 ~~16. Establish and maintain liaison with other Medical Center~~
3595 ~~committees concerned with medication use.~~
3596
3597 ~~17. Plan educational programs on drug related topics for the~~
3598 ~~Medical Center's professional staff.~~
3599
3600 ~~18. Perform such other duties as assigned by the Medical Director~~
3601 ~~or the Executive Committee.~~
3602
3603 ~~19. Maintain a record of all activities relating to the pharmacy~~
3604 ~~and therapeutics function and submit periodic reports and~~
3605 ~~recommendations to the Executive Committee concerning drug~~
3606 ~~utilization policies and practices in the Medical Center.~~
3607

3608 C. MEETINGS

3609 The Committee shall meet at least quarterly ~~ten (10) times~~
3610 ~~per year~~, shall maintain a permanent written record of its
3611 proceedings and actions, and shall submit a quarterly ~~monthly~~
3612 report to the Executive Committee on its activities.
3613

3614 SECTION 8. INFECTIOUS DISEASE CONTROL AND PREVENTION COMMITTEE

3615 A. COMPOSITION

3616 The Infectious Disease Control and Prevention Committee
3617 shall consist of one (1) representative from each the
3618 ~~Department of Medicine;~~ the Chief of Infection Control,
3619 ~~and at least one (1) representative from nursing service,~~
3620 ~~housekeeping, and pharmacy services, and Medical Center~~
3621 ~~Administration;~~ and such other representatives as designated
3622 by the Executive Committee.
3623

3624 B. DUTIES

3625 The ~~Infectious Disease Control and Prevention Committee~~
3626 ~~shall:~~

- 3627 1. Develop a Medical Center-wide infection
3628 control program which maintains infection
3629 control. Maintain surveillance over the
3630 Medical Center Infection Control Program
3631 and monitors its effectiveness.
3632
3633 2. Develop a system for reporting,
3634 identifying, review and analyzing
3635 analysis of the incidence and cause of all
3636 infections nosocomial infections.
3637
3638 3. Develop and implement a preventive and
3639 corrective program designed to minimize
3640 infection hazards, including establishing,
3641 reviewing, and evaluating aseptic,
3642 isolation and sanitation techniques.
3643
3644 4. Develop, evaluate and revise preventive,
3645 surveillance and control policies and
3646 procedures relating to all phases of the
3647 Medical Center's activities, including,
3648 operating rooms, delivery rooms, special
3649 care units, central service, housekeeping
3650 and laundry, sterilization and
3651
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3656 disinfection procedures by heat, chemicals
3657 or otherwise; isolation procedures;
3658 prevention of cross infection by
3659 anesthesia apparatus or inhalation therapy
3660 equipment; testing of Medical Center
3661 personnel for carrier status; disposal of
3662 infectious material; food sanitation and
3663 waste management; and other situations as
3664 requested. Establish, maintain, update,
3665 and monitor the effectiveness of written
3666 infection control policies and procedures.

3667

3668 5. Coordinate action on findings from the
3669 attending staff's review of the clinical
3670 use of antibiotics.

3671

3672 6. Act upon recommendations related to
3673 infection control received from the
3674 President, the Medical Director, the
3675 departments, and Medical Center
3676 committees. Supervise the infection
3677 control program in all phases of the
3678 Medical Center's activities, including but
3679 not limited to:

3680

3681 A. Sterilization and disinfection
3682 procedures.

3683

3684 B. Isolation and precaution procedures.

3685

3686 C. Adherence to governmental regulations
3687 and guidelines and licensing and
3688 accreditation requirements.

3689

3690 D. Handling and disposal of biohazardous
3691 material.

3692

3693 E. Reviewing sensitivities of
3694 microbiologic organisms specific to the
3695 Medical Center and coordinating action on
3696 findings with the Pharmacy and
3697 Therapeutics Committee.

3698

3699 F. Working collaboratively with the
3700 employees health and safety personnel on
3701 infection control matters.

3702

3703 G. Acting upon recommendations related to
3704 infection control received from the
3705 Executive Committee, Chief Medical
3706 Officer, Medical Center Administration,
3707 departments and other committees.

3708

3709 C. MEETINGS

3710

3711 The Committee shall meet at least quarterly monthly, shall
3712 maintain a permanent record of its proceedings and actions,
3713 and shall submit a quarterly monthly report to the Executive
3714 Committee on its activities.

3715

3716 SECTION 9. OPERATIVE AND INVASIVE PROCEDURES COMMITTEE

3717

3718 A. COMPOSITION
3719
3720 The Operative and Invasive Procedures Committee shall
3721 consist of at least five (5) members of the Association, one
3722 (1) of whom shall be the chairman of the Department of
3723 Pathology or his/her designee.
3724
3725 B. DUTIES
3726
3727 ~~1. The Committee shall Evaluate the agreement or~~
3728 ~~disagreement between the preoperative and post-operative~~
3729 ~~diagnosis and reports by the pathologists on tissues removed~~
3730 ~~at operation. This evaluation shall also be done for those~~
3731 ~~procedures in which no tissue was removed. A written report~~
3732 ~~on each such evaluation shall be submitted to the Executive~~
3733 ~~Committee.~~
3734
3735 2. Review the indications for surgery in all cases in which
3736 there is a major discrepancy between the pre-operative and
3737 post-operative (including pathologic) diagnosis.
3738
3739 C. MEETINGS
3740
3741 The Committee shall meet at least quarterly monthly, shall
3742 maintain a permanent record of its proceedings and actions,
3743 and shall submit a quarterly monthly report to the
3744 Executive Committee on its activities. ~~A complete summary~~
3745 ~~of its activities shall be presented to the Association at~~
3746 ~~each annual meeting.~~
3747
3748 SECTION 10. BLOOD USAGE REVIEW COMMITTEE
3749
3750 A. COMPOSITION
3751
3752 The Blood Usage Review Committee shall consist of one (1)
3753 representative from each of the following departments:
3754 Surgery, Anesthesiology, Medicine, Obstetrics and Gynecology,
3755 Pediatrics; one (1) member from nursing service; and such
3756 other members as from time to time may be required. The chair
3757 of the Committee shall be the Director of the Blood Bank.
3758
3759 1. _____ Surgery;
3760
3761 2. _____ Anesthesiology;
3762
3763 3. _____ Medicine;
3764
3765 4. _____ Obstetrics and Gynecology;
3766
3767 5. _____ Pediatrics; and
3768
3769 6. _____ One (1) member from nursing service and
3770 ~~such other members as from time to time~~
3771 ~~may be required.~~
3772
3773 _____ ~~The chairman of the Committee shall be the~~
3774 ~~Director of the Blood Bank.~~
3775
3776 B. DUTIES
3777
3778 The Committee shall be responsible for establishing criteria
3779 for utilization of blood components as recommended by

3780 appropriate department chairmen~~s~~ and for compliance with the
3781 criteria. The Committee shall also conduct periodic reviews
3782 of the records of all transfusion reactions, blood
3783 utilization, and to make recommendations regarding specific
3784 improvements in transfusion services and policies.
3785

3786 C. MEETINGS

3787 The Committee shall meet at least quarterly ~~monthly~~, shall
3788 maintain a permanent records of its proceedings and actions,
3789 and shall submit a ~~monthly~~ quarterly report to the Executive
3790 Committee of its activities. ~~Minutes shall contain a record~~
3791 ~~of specific actions, recommendations, and results of review.~~
3792

3793
3794 SECTION 11. CANCER COMMITTEE

3795
3796 A. COMPOSITION

3797 The Cancer Committee shall be multidisciplinary and shall
3798 consist of: one (1) representative from, but not limited to,
3799 each of the following departments: Pathology, Medicine,
3800 Surgery, Radiology, and Obstetrics and Gynecology; the Cancer
3801 Liaison Physician; the Cancer Registrar; and one (1)
3802 representative from each of Quality Management,
3803 rehabilitation services, and Medical Center Administration.
3804 ~~Subcommittees may be appointed as requested.~~
3805

3806
3807 B. DUTIES

3808 ~~The Committee shall:~~

3809
3810
3811 1. Organize, publicize, conduct, and
3812 evaluate, regulation educational and
3813 consultative cancer conferences (Tumor
3814 Board) that are multidisciplinary, Medical
3815 Center-wide, and patient oriented.
3816

3817 2. Make certain that consultative services
3818 from all major disciplines are available
3819 to all patients.
3820

3821 3. Plan and complete a minimum of two patient
3822 care evaluation studies annually, one to
3823 include survival data and, if available,
3824 comparison data.
3825

3826 4. Make certain that cancer rehabilitation
3827 services are available and used.
3828

3829 5. Encourage a supportive care system for all
3830 patients with cancer.
3831

3832 6. Data from the Cancer Registry shall be
3833 used to:
3834

3835 ~~a~~A. Ascertain if there is a need for public
3836 and professional educational programs
3837 about early diagnosis of specific
3838 malignancies.
3839

3840 ~~b~~B. Make certain that pretreatment workup
3841 and staging are comparable to or exceed

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national or regional data.

cC. Review types of treatment to determine the need for specific professional educational programs.

dD. Analyze patient survival by stage of disease and treatment as compared with national or regional data.

eE. Document patterns of recurrence of specific malignancies and the occurrence of multiple primary malignancies.

fF. Encourage systematic, lifelong surveillance of all patients with cancer.

gG. Encourage studies by clinicians, administrators, and other health care professionals.

7. Make certain that cancer conferences include major cancer sites and are primarily patient oriented and prospective.
8. Ensure that consultative services are available to patients with cancer through multidisciplinary physician attendance at conference.
9. Evaluate the quality of care of the patients with cancer.
10. Reevaluate the effectiveness of the patient care evaluation program.
11. Ensure that all research conducted in the care of cancer patients is peer reviewed and approved by the Research Committee and the human subjects review committee (Institutional Review Board).

C. MEETINGS

The Committee shall meet at least quarterly ~~ten (10) times per year~~, shall maintain a permanent record of its proceedings and actions, and shall submit a quarterly ~~monthly~~ report to the Executive Committee on its activities.

~~D. TUMOR BOARD~~

- ~~1. Composition: The Tumor Board shall consist of at least one representative from Pathology, Medicine, Surgery, and Radiology. These members shall have the experience and competence in treating or diagnosing cancer. The chairman and the members of the Tumor Board shall be appointed by the President subject to approval by the Executive Committee. The Tumor Registrar shall serve as ex officio~~

3904 Secretary of the Tumor Board. The
3905 chairman of the Tumor Board shall be a
3906 member of the Cancer Committee and the two
3907 groups shall have a cooperative
3908 relationship.
3909
3910 2. Duties: The Tumor Board shall:
3911
3912 a. Conduct prospective, patient oriented,
3913 and consultative conferences.
3914
3915 b. Invite all attending physicians,
3916 residents, medical students, and staff
3917 from all departments within the Medical
3918 Center to participate.
3919
3920 c. Invite physicians from the surrounding
3921 community to participate.
3922
3923 d. Discuss a wide variant of patients with
3924 tumors from all of the major sites yearly.
3925
3926 e. Prepare a summary documenting the date
3927 of the meeting, disciplines represented,
3928 the approximate number in attendance, and
3929 the management recommendations resulting
3930 from the discussion of each patient.
3931
3932 3. Meetings: In general, the Tumor Board
3933 shall meet once a week at a specified time
3934 and place. If no patients have been
3935 referred, the Tumor Board need not meet.
3936 If it is urgent that a patient be seen in
3937 consultation, the Tumor Board may meet at
3938 unscheduled times or may hold extra
3939 meetings. Minutes of the meetings shall
3940 be distributed to the President, to the
3941 Medical Director, and to the referring
3942 physicians whose cases were discussed.
3943

3944 SECTION 12. RESEARCH COMMITTEE

3945 A. COMPOSITION

3946
3947 The Executive Committee may either serve as the Research
3948 Committee or appoint the members and officers of the Research
3949 Committee which shall be broadly representative and composed
3950 of such Association members and County personnel as deemed
3951 necessary by the Executive Committee subject to approval by
3952 the Medical Director Chief Medical Officer, the
3953 Administrator, and the Director or his/her authorized
3954 designee.
3955

3956 B. DUTIES

3957
3958 The Research Committee shall monitor all research activities
3959 at the Medical Center involving both human and non-human
3960 subjects, including, but not limited to:
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- 3962
3963 1. Examine Review all requests for the
3964 performance of any type of medical
3965 research within the Medical Center and

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make recommendations to the Executive Committee on whether to grant permission to conduct such research at the Medical Center and whether, if approved, such research must be preformed in accordance with any stated conditions. Such recommendations shall be subject to approval by the Executive Committee, the ~~Medical Director~~ Chief Medical Officer, ~~the Chief Executive Officer~~ Administrator, and the Director or his authorized designee, and any other person or body whose approval is required under a County contract.

2. Monitor all approved medical research projects and require and receive from time to time, but not less than annually, written progress reports on all approved research projects; and.
3. Assure compliance with all Federal and State laws and regulations applicable to the approval, performance, and monitoring of all medical research, including, but not limited to, oversight by an institutional review board as required by Federal and State laws and regulations.
4. Make an annual ~~detailed~~ written report to the Director not later than October 31 of each year of the medical research accomplished, the research in progress, and a description of the source and dollar amount of funds expended for research at the Medical Center during the County's previous fiscal year.

C.

REQUESTS TO CONDUCT MEDICAL RESEARCH

No Association member or other person shall perform any type of medical research at the Medical Center without first obtaining the approval of the Research Committee, the Executive Committee, the ~~Medical Director~~ Chief Medical Officer, the ~~Administrator~~ Chief Executive Officer, the Director, and any other person or body whose approval is required under a County contract. No medical research shall be approved unless such research will contribute to or benefit health care for County patients. All requests for permission to conduct medical research in the Medical Center must be in writing and in such form as may be required by the Committee and shall be accompanied by the written approval of the chairman of each department involved. Whenever a request for permission to conduct research is made by an Association member who is also a member of the faculty of the ~~Medical Professional School,~~ the Committee may recommend that portions of the particular medical research project be conducted in facilities other than the Medical Center.

D.

MEETINGS

The Committee shall meet as necessary but not less than

4028 quarterly, shall maintain a permanent record of its
4029 proceedings and actions, and shall submit a quarterly report
4030 to the Executive Committee, the Medical Director Chief
4031 Medical Officer, the Administrator Chief Executive Officer,
4032 and the Director on its activities.
4033

4034
4035 SECTION 13. ~~PUBLICATIONS COMMITTEE~~

4036
4037 ~~A. COMPOSITION~~

4038
4039 ~~The Publications Committee shall consist of at least three~~
4040 ~~members of the Association and at least one representative~~
4041 ~~from Medical Center Administration.~~

4042
4043 ~~B. DUTIES~~

4044
4045 ~~The Publications Committee shall:~~

4046
4047 ~~1. Establish requirements and procedures for~~
4048 ~~requests to publish any article, paper,~~
4049 ~~book, report, photograph, X-ray film, or~~
4050 ~~other materials arising out of work done~~
4051 ~~in the Medical Center; and~~

4052
4053 ~~2. Evaluate and make recommendations~~
4054 ~~concerning such requests to the Executive~~
4055 ~~Committee, the Medical Director, and the~~
4056 ~~Administrator.~~

4057
4058 ~~C. MEETINGS~~

4059
4060 ~~The Committee shall meet periodically at the request of its~~
4061 ~~chairman, shall maintain a permanent record of its~~
4062 ~~proceedings and actions, and shall submit reports on its~~
4063 ~~activities to the Executive Committee as necessary.~~

4064
4065 SECTION 13. RISK MANAGEMENT COMMITTEE

4066
4067 A. COMPOSITION

4068
4069 The Risk Management Committee shall be composed of the
4070 Medical Center Quality Manager, Associate Administrator, Risk
4071 Manager and Safety Officer; representatives from third party
4072 administrator and nursing service; and additional members as
4073 needed.

4074
4075 B. DUTIES

4076
4077 1. Review Medical Center-wide risk management
4078 problems and trends.

4079
4080 2. Make recommendations on risk management
4081 events and trends.

4082
4083 3. Evaluate and update current systems used
4084 to identify potential risks in the
4085 clinical aspects of patient care and
4086 safety.

4087
4088 4. Design strategies to limit exposures in
4089 high risk areas.

- 4090
4091 5. Ensure integration with performance
4092 improvement and safety management
4093 regarding issues in common.
4094
4095 6. Participate in loss prevention education.
4096
4097 7. Participate in risk management related
4098 policy development.
4099
4100 8. Maintain communication with other
4101 Association committees;
4102
4103 9. Review settlements and judgments for risk
4104 management issues and make appropriate
4105 recommendations for follow-up activities;
4106 and
4107
4108 10. Report aggregated risk management data to
4109 Medical Center Administration.
4110

4111 C. MEETINGS

4112 The Committee shall meet at least quarterly, shall maintain
4113 a permanent record of its proceedings and actions, and shall
4114 submit a quarterly report to the Executive Committee on its
4115 activities.
4116

4117
4118
4119 SECTION 14. WELL BEING OF PRACTITIONERS COMMITTEE
4120

4121 A. COMPOSITION

4122
4123 The Well-Being of Practitioners Committee shall consist of
4124 at least five (5) members selected from any of the
4125 departments.
4126

4127 B. DUTIES

4128
4129 The Well-Being of Practitioners Committee shall recommend
4130 policies and procedures for recognizing practitioners who
4131 have problems with substance abuse and/or physical or mental
4132 illness which may impair their ability to practice safely and
4133 effectively, and for assisting such practitioners to obtain
4134 necessary rehabilitation services.
4135

4136 The Committee may receive reports related to the health,
4137 well-being, or impairment, including, but not limited to,
4138 substance abuse and physical or mental illness, of
4139 Association members and, as it deems appropriate, may
4140 investigate such reports and evaluate compliance by a
4141 practitioner with a mutually agreed monitoring agreement.
4142 These activities are separate from any attending staff
4143 corrective action functions. The Committee may, on a
4144 voluntary basis, provide such advice, counseling, or
4145 referrals to Association members as may seem appropriate.
4146 Such activities shall be confidential; however, in the event
4147 that any information received by the Committee clearly
4148 demonstrates that the health or known impairment of an
4149 Association member may pose an unreasonable risk of harm to
4150 patients, that information may be referred to the Executive
4151 Committee for corrective action pursuant to Article VI.

4152 C. MEETINGS
4153
4154 The Committee shall meet at least quarterly, shall maintain
4155 a permanent record of its proceedings and actions, and shall
4156 submit a quarterly reports to the Medical Director and
4157 Executive Committee on its activities.
4158
4159 SECTION 15. BYLAWS AND RULES AND REGULATIONS COMMITTEE
4160
4161 A. COMPOSITION
4162
4163 The ~~Bylaws~~ Committee shall consist of at least three (3)
4164 members of the Association and at least one (1)
4165 representative from Medical Center Administration.
4166
4167 B. DUTIES
4168
4169 The ~~Bylaws~~ Committee shall review the bylaws and rules and
4170 regulations of the Association at least biennially to
4171 recommend any amendments as needed.
4172
4173 C. MEETINGS
4174
4175 The Committee shall meet at least annually periodically at
4176 the request of its chairman, shall maintain a permanent
4177 record of its proceedings and actions, and shall submit
4178 reports on its activities to the Executive Committee as
4179 necessary.
4180
4181 SECTION 16. PATIENT RIGHTS AND ORGANIZATIONAL ETHICS COMMITTEE
4182
4183 A. COMPOSITION
4184
4185 The Patient Rights and Organizational Ethics Committee shall
4186 be ~~accountable to the Executive Committee and through it to~~
4187 ~~the Director. Subcommittees may be formed to deal with areas~~
4188 ~~of special concern. The composition of the Committee shall~~
4189 ~~be multi-disciplinary with a majority of physician members,~~
4190 ~~with representatives of major clinical departments, and with~~
4191 ~~members from, but not limited to, the following disciplines:~~
4192 ~~nursing, social work, Medical Center Administration, and~~
4193 ~~clergy. Members shall be employees or volunteers of the~~
4194 ~~Medical Center. The Medical Director, the Director of~~
4195 ~~Nursing, and the Administrator shall be ex-officio members.~~
4196
4197 B. DUTIES
4198
4199 ~~The Patient Rights and Organizational Ethics Committee shall:~~
4200
4201 1. Help assure there is appropriate
4202 consideration of ethical issues which may
4203 be associated with decisions relating to
4204 patient care.
4205
4206 2. Help advise Medical Center staff
4207 concerning ethical issues which may be
4208 associated with decisions relating to
4209 patient care.
4210
4211 3. Review and advise concerning ethical
4212 issues referred to it by other Association
4213 the Committees, by other Association

4214 ~~committees~~, Medical Center staff, or other
4215 involved parties.

4216
4217 4. Educate themselves and offer education to
4218 other Medical Center staff concerning
4219 ethical issues (e.g., as they relate to
4220 patient care policies, procedures and
4221 clinical practices).

4222
4223 5. Offer consultation to all Medical Center
4224 departments. In this function, the
4225 Committee shall serve as an advisory group
4226 but ~~shall~~ will not make specific decisions
4227 related to patient care. Rather, patient
4228 care decisions will be made by the
4229 applicable practitioner.

4230
4231 C. MEETINGS

4232
4233 The Committee shall meet at least quarterly ~~monthly~~, shall maintain a
4234 permanent record of its proceedings and actions, and shall submit a
4235 quarterly ~~monthly~~ reports to the Executive Committee on its activities.
4236

4237
4238
4239
4240 SECTION 17. ~~INSTITUTIONAL PEER REVIEW COMMITTEE~~

4241
4242 A. ~~COMPOSITION~~

4243
4244 ~~The Institutional Peer Review Committee shall consist of two~~
4245 ~~subcommittees which shall be constituted as follows:~~

4246
4247 ~~1. The Medical Peer Review Subcommittee shall~~
4248 ~~consist of: one (1) Associate Medical~~
4249 ~~Director and one (1) representative from~~
4250 ~~each of following departments: Pathology,~~
4251 ~~Emergency Medicine, Family Medicine,~~
4252 ~~Medicine, Pediatrics, Psychiatry, and~~
4253 ~~Radiology.~~

4254
4255 ~~2. The Surgical Peer Review Subcommittee~~
4256 ~~shall consist of: one (1) Associate~~
4257 ~~Medical Director and one (1)~~
4258 ~~representative from each of the following~~
4259 ~~departments: Anesthesiology, Oral and~~
4260 ~~Maxillofacial Surgery, Neuroscience,~~
4261 ~~Obstetrics and Gynecology, Pathology,~~
4262 ~~Otolaryngology and Head and Neck Surgery,~~
4263 ~~and Surgery.~~

4264
4265 B. ~~DUTIES~~

4266
4267 ~~The Institutional Peer Review Committee shall forge consistency in~~
4268 ~~clinical practice across departmental lines, promote joint practice~~
4269 ~~guidelines, enhance the sharing of vital information in support of~~
4270 ~~resident training and faculty supervision, and provide increased~~
4271 ~~attending staff oversight of all peer review activities within the~~
4272 ~~Medical Center. The Committee shall function through its two~~
4273 ~~subcommittees which shall:~~

4274
4275 ~~1. Govern and oversee the affairs and~~

4276 outcomes of the interdepartmental and
4277 intradepartmental reviews performed within
4278 the Improving Organizational Performance
4279 Program and Quality Assurance Program.
4280

4281 ~~2. Ensure that each identified case from~~
4282 ~~departmental peer review has been~~
4283 ~~thoroughly assessed for clinical sequence~~
4284 ~~of events that may have contributed to~~
4285 ~~adverse patient outcomes and brought to~~
4286 ~~closure with appropriate institutional~~
4287 ~~oversight of departmental actions being~~
4288 ~~achieved.~~
4289

4290 ~~3. Ensure that each identified case has been~~
4291 ~~reassessed to ensure that any clinical~~
4292 ~~practice guideline utilized in the care of~~
4293 ~~a patient who experiences an adverse~~
4294 ~~outcome was appropriate and consistent~~
4295 ~~with established communitywide standards~~
4296 ~~of care.~~
4297

4298 ~~4. Ensured that each identified case has been~~
4299 ~~reviewed to ensure that appropriate case~~
4300 ~~screening has occurred in all cases with~~
4301 ~~adverse outcomes, assessed to be~~
4302 ~~inappropriate by the established clinical~~
4303 ~~assessment scale.~~
4304

4305 ~~C. MEETINGS~~

4306
4307 ~~Each subcommittee of the Committee shall meet monthly, shall maintain a~~
4308 ~~permanent record of its proceedings and actions, and shall submit a~~
4309 ~~monthly report to the Executive Committee on its activities.~~
4310

4311 SECTION 17. INTERDISCIPLINARY PRACTICE COMMITTEE

4312 A. COMPOSITION

4313
4314
4315 The Interdisciplinary Practice Committee shall be a
4316 multidisciplinary committee consisting of at least eight (8)
4317 members, including, at a minimum, the Chief Executive
4318 Officer, who shall act as chair; the Chief Medical Officer
4319 or his/her designee; the Chief Nursing Officer; and an equal
4320 number of members of the Association appointed by the
4321 Executive Committee and registered nurses appointed by the
4322 Chief Nursing Officer. Licensed or certified health
4323 professionals other than registered nurses who perform
4324 functions requiring standardized procedures or clinical
4325 privileges designed for licensed or certified health
4326 professionals may be appointed by the Executive Committee as
4327 necessary.
4328

4329 B. DUTIES

4330
4331 1. Standardized Procedures

4332
4333 A. Consistent with the requirements of law
4334 and regulation, the Committee shall assist
4335 in developing and shall review standardized
4336 procedures that apply to nurses or allied
4337 health professionals, identify functions

that are appropriate for standardized procedures, and review and approve standardized procedures, subject to review and approval by the Executive Committee.

B. Standardized procedures can only be approved after consultation with the department involved and by affirmative vote of (1) a majority of administrative members, (2) a majority of physician members, and (3) a majority of nurse members.

2. Credentialing Allied Health Professionals

A. The Committee shall review and recommend policies and procedures for the expanded role related to assessing, planning and directing the patient's diagnostic and therapeutic care.

B. The Committee shall review allied health professionals' applications and forward its recommendations and the applications on to the Credentials Committee for its recommendations. The Credentials Committee shall then forward the recommendations of the Interdisciplinary Practice Committee and its recommendations and the applications on to the Director, through the Executive Committee, for the granting and/or rescinding of privileges.

C. The Committee shall review on an annual basis all allied health professionals' competency and performance improvement data.

D. The Committee shall serve as liaison between allied health professionals and the Association.

C. MEETINGS

The Committee shall meet at least quarterly, shall maintain a permanent record of its proceedings and actions and shall submit at least a quarterly report on its activities to the Executive Committee.

SECTION 18. OTHER COMMITTEES

The President, in consultation with the Chief Medical Officer, may establish and appoint special or ad hoc committees when deemed necessary. The appointment of such committees shall include the following:

A. The members of the committee and its chair.

B. The exact charge for which the committee is formed.

C. To whom and when the committee shall report concerning its deliberations and/or actions.

D. The duration of service of the committee.

ARTICLE XII

MEETINGS

SECTION 1. ANNUAL ASSOCIATION MEETING

There shall be an The annual meeting of the members of the Association which shall be held on the second Wednesday in February of each Association Year. The annual election of officers of the Association shall take place at this meeting. ~~The President shall present a report on actions taken by Executive Committee during the preceding year and other matters believed to be of interest and value to the membership. The meeting shall include reports of review and evaluation of the work done in the departments and the performance of the required Association functions.~~

The agenda for the annual meeting shall be:

A. Administrative:

1. Call to order~~7~~.
2. Acceptance of the minutes, as amended if needed, of the last annual and all intervening ~~quarterly~~ and special meetings~~7~~.
3. Unfinished business~~7~~.
4. ~~Communications~~~~7~~.
- 5-4. Report from the President~~7~~.
- 6-5. Report from the Medical Director Chief Medical Officer.~~7~~
- 7-6. Reports of ~~the~~ departments~~7~~.
- 8-7. Reports of ~~the~~ committees~~7~~.
- 9-8. New business~~7~~ and
- 10-9. Election of officers when required by these bylaws.

B. Professional:

1. Review and analysis of the clinical work of the Medical Center~~7~~.
2. Reports of ~~the~~ departments~~7~~.
3. Reports of ~~the~~ committees~~7~~.
4. Discussion and recommendations for improvement of the professional work of the Medical Center~~7~~ and
5. Adjournment.

SECTION 2. ~~QUARTERLY ASSOCIATION MEETINGS~~

~~Three quarterly meetings of the Association shall be held each Association Year as follows: (1) on the second Wednesday in June, (2) on the second Wednesday in September, and (3) on the second Wednesday in December. The President shall present a report on actions taken by Executive Committee during the preceding quarter and other matters believed to be of interest and value to the membership. The meetings shall also include, without limitation, reports of the review and evaluation of clinical work done in the departments and of the performance of the other Association functions.~~

~~The agenda for the quarterly meetings shall be:~~

~~A. Administrative:~~

- ~~1. Call to order;~~
- ~~2. Acceptance of the minutes, as amended if needed, of the last quarterly and all intervening special meetings;~~
- ~~3. Unfinished business;~~
- ~~4. Communications;~~
- ~~5. Report from the President;~~
- ~~6. Report from the Medical Director~~
- ~~7. Reports of the departments;~~
- ~~8. Reports of the committees; and~~
- ~~9. New business.~~

~~B. Professional:~~

- ~~1. Review and analysis of the clinical work of the Medical Center;~~
- ~~2. Reports of the departments;~~
- ~~3. Reports of the committees;~~
- ~~4. Discussion and recommendations for improvement of the professional work of the Medical Center; and~~
- ~~5. Adjournment.~~

SECTION ~~3~~2. SPECIAL ASSOCIATION MEETINGS

~~Special meetings of the Association may be called at any time by the Executive Committee, the President, or the Medical Director Chief Medical Officer or the Executive Committee. The President shall call a special meeting within (30) days after receipt by him/her of a written request for same signed by at least fifteen (15) Active Staff members of the Association and shall be called by the President if such a meeting has been requested in writing by at least thirty (30) members with voting privileges addressed to the President and stating the purpose for such meeting. The meeting must be held within thirty (30) days after receipt of the request of any of the above. No business shall~~

be transacted at any special meeting except that stated in the notice calling the meeting.

The agenda at a special meeting shall be:

1. Reading of the notice calling the meeting.
2. Transaction of business for which the meeting was called; ~~and.~~
3. Adjournment.

SECTION 43. COMMITTEE, ~~AND~~ DEPARTMENT, ~~AND~~ DIVISION MEETINGS

A. REGULAR MEETINGS

~~Committees, and departments, and divisions~~ may, by resolution, provide the time for holding regular meetings, and no notice other than such resolution shall then be required. Each department shall hold regular meetings at least monthly to review and evaluate the clinical activities of the department ~~work of practitioners with privileges in the department.~~

B. SPECIAL MEETINGS

A special meeting of any committee, ~~or~~ department, ~~or~~ division may be called by, or at the request of, the chairman ~~or chief~~ thereof, the President of the Association, or by one-third of the group's current members but not less than two (2) members.

SECTION 54. NOTICE OF MEETINGS

Written or printed notice stating the place, day and hour of any Association meeting or of any regular committee, ~~or~~ department, ~~or~~ division meeting not held pursuant to resolution shall be delivered either personally or by United States mail or County mail to each person entitled to be present not less than seven (7) days nor more than twenty (20) days before the date of such meeting, except that notice of the annual Association meeting shall be delivered at least ~~twenty ten~~ (20 10) days prior to the meeting. Notice of any special committee, ~~or~~ department meeting may be given orally. If mailed by United States mail, the notice of any meetings shall be deemed delivered when deposited, postage prepaid, in the United States mail, addressed to each person entitled to such notice at his/her address as it appears on the records of the Medical Center. If mailed by County mail, the notice of any meeting shall be deemed delivered when deposited in the Medical Center Mail Distribution Center, addressed to each person entitled to such notice at his/her address as it appears on the records of the Medical Center. Personal attendance at a meeting shall constitute a waiver of the notice of any meeting.

SECTION 65. QUORUM

~~The presence of twenty percent of the voting members, but not less than two members, shall constitute a quorum for the transaction of any business at any meeting other than an Association meeting. For Association meetings, the members present shall constitute a quorum for the conduct of business, including amendment of these bylaws.~~

For any Association, committee or department meeting, the number of voting members present, but not less than three (3) such members, shall constitute

4586 a quorum for the transaction of any business, including amendment of these
4587 bylaws.

4588
4589 SECTION 76. CONDUCT OF MEETINGS
4590

4591 All meetings shall be conducted according to these bylaws. When not otherwise
4592 specified, the latest edition of Robert's Rules of Order shall prevail,
4593 provided that any technical departure from such rules, as determined in the
4594 sole judgement of the presiding officer of the meeting, shall not invalidate
4595 any action taken at a meeting.
4596

4597 SECTION 77. MANNER OF ACTION
4598

4599 Except as otherwise specified, the action of a majority of the voting members
4600 present and voting at any meeting at which a quorum ~~is present~~ exists shall
4601 be the action of the group. Action may be taken without a meeting by the
4602 Association or any committee, or department, ~~or division~~ by written notice
4603 setting forth the action so taken signed by each member entitled to vote
4604 thereat.
4605

4606 SECTION 78. MINUTES
4607

4608 Minutes of all meetings shall be prepared and maintained in a permanent record
4609 and shall include a record of the attendance. ~~Minutes of Association meetings~~
4610 ~~shall also include~~ and the vote taken on each matter. The minutes shall be
4611 signed by the presiding officer ~~and forwarded to the Executive Committee.~~ The
4612 Association Secretary-Treasurer shall maintain a permanent file of the minutes
4613 of Association and committee meetings, and each department shall maintain a
4614 permanent file of the minutes of department ~~and division~~ meetings.
4615

4616 SECTION 79. ATTENDANCE REQUIREMENTS
4617

4618 A. REGULAR ATTENDANCE
4619

4620 Each member of the Active Staff and Provisional Staff shall
4621 be required to attend:
4622

- 4623 1. The annual Association meeting.
- 4624 2. At least fifty (50) percent of all other
4625 Association meetings duly convened
4626 pursuant to these bylaws in each
4627 Association Year.
- 4628 3. At least fifty (50) percent of all
4629 meetings of each committee, and department
4630 ~~and division~~ of which he/she is a member
4631 in each Association Year.
4632

4633 All other Association members are encouraged to attend all
4634 Association meetings and all meetings of each committee, and
4635 department ~~and division~~ of which they are members.
4636

4637 B. ABSENCE FROM MEETINGS
4638

4639 Any member who is compelled to be absent from any
4640 Association, committee, or department, ~~or division~~ meeting
4641 shall promptly provide to the regular presiding officer
4642 thereof, the reason for such absence. Unless excused for
4643 good cause by such presiding officer, failure to meet the
4644 attendance requirements of Subsection A above may be grounds
4645 for any of the corrective actions specified in Article VI,
4646
4647

and including, in addition, removal from such committee, or department, or division. Committee or department chairmen or division chiefs shall report all such failures to the Executive Committee. Reinstatement of an Association member whose membership has been revoked because of absence from meetings shall be made only on application, and any such application shall be processed in the same manner as an application for initial appointment.

C. SPECIAL APPEARANCE

A member whose patient's clinical course of treatment is scheduled for discussion at a committee, or department, or division meeting shall be so notified by the committee or department chairman or division chief and shall be expected required to attend. Whenever apparent or suspected deviation from standard clinical practice is involved, the notice to the member shall so state, shall state the time and place of the meeting, shall be given by certified or registered mail, return receipt requested, at least seven (7) days prior to the meeting, and shall include a statement that his/her attendance at the meeting at which the alleged deviation is to be discussed is mandatory.

Failure of a member to attend any meeting with respect to which he/she was given notice that attendance was is mandatory, unless excused by the Medical Director Chief Medical Officer upon a showing of good cause, may result in a summary suspension of all or any portion of the member's clinical privileges. If the practitioner makes a written request for postponement, which is received by the Medical Director Chief Medical Officer within five (5) days after the date of the notice and which is supported by an adequate showing that his/her absence will be unavoidable, his/her attendance and presentation may be excused and postponed by the committee or department chairman or division chief, or by the Medical Director Chief Medical Officer if the chairman or chief is the practitioner involved, until not later than the next regular committee, or department or division meeting; otherwise, the pertinent clinical information shall be presented and discussed as scheduled.

SECTION ~~11~~10. CONFIDENTIALITY

All members and attendees shall agree, in writing, to keep the proceedings and activities of the Association, committees, departments, and divisions confidential.

ARTICLE XIII

CONFIDENTIALITY, IMMUNITY AND RELEASES

SECTION 1. SPECIAL DEFINITIONS

For the purpose of this Article, the following definitions shall apply:

- A. INFORMATION means records of proceedings, minutes, records, files, communications, reports, memoranda, statements, recommendations, data, and other disclosures, whether in written or oral form, relating to professional qualifications, clinical ability, judgment, character,

physical and mental health status, emotional stability, professional ethics, or any other matter that might directly or indirectly affect patient care.

- B. REPRESENTATIVE means Los Angeles County and any officer, employee or agent thereof; the Association and any member, officer, department, division, service, board, or committee thereof; any other medical staff organization and any member, officer, department, division, service, board, or committee thereof; any other health care facility or organization and any officer, department, service, board or committee thereof; and any person authorized by any of the foregoing to perform specific information gathering or disseminating functions.
- C. THIRD PARTY means any person or organization providing information to any representative.

SECTION 2. AUTHORIZATIONS AND CONDITIONS

By applying for, or exercising, clinical privileges or providing specified patient care services within the Medical Center, a practitioner:

- A. Authorizes representatives of the County of Los Angeles, the Medical Center, and the Association, ~~to solicit, provide, and act upon any information bearing upon, or reasonably believed to bear upon, his/her professional ability and qualifications.~~
- B. Authorizes representatives and third parties to provide any information, including otherwise privileged or confidential information, concerning the practitioner to the Medical Center and the Association.
- C. Agrees to be bound by the provisions of this Article and to waive all legal claims against any representative or third party who acts in accordance with the provisions of this Article.
- D. Acknowledges that the provisions of this Article are express conditions to his/her application for, and acceptance of, Association membership and the continuation of such membership, and/or to his/her application and exercise of clinical privileges or provision of specified patient care services at the Medical Center.

SECTION 3. CONFIDENTIALITY OF INFORMATION

Information with respect to any practitioner submitted, collected, prepared, or maintained by any representative for the purpose of achieving and maintaining quality patient care, reducing morbidity and mortality, or contributing to clinical research, as well as any other information with respect to any Association, committee or department meeting, shall, to the fullest extent permitted by law, be confidential and shall not be disseminated to anyone other than a duly authorized person nor be used in any way except as provided herein or except as otherwise required by law. Dissemination of such information shall be made only where expressly required by law, pursuant to officially adopted policies of the Association, or, where no official policy exists, only with the express approval of the Executive Committee. Such confidentiality shall extend also to any information submitted, collected, prepared, or maintained by any practitioner or any third party. This information shall not become part of any particular patient's file or of the general Medical Center records.

Inasmuch as effective peer review, the consideration of qualifications of Association members and applicants to perform specific procedures, and the evaluation and improvement of the quality of care rendered in the Medical Center, must be based on free and candid discussion, any breach of confidentiality of the discussions or deliberations of the Association, departments, divisions, or committees, except in conjunction with any other medical staff organization or health care facility or organization or any licensing authority, is outside appropriate standards of conduct for the Association and shall be deemed disruptive to the operations of the Association and the Medical Center. If it is determined that such a breach has occurred or is likely to occur, the Medical Center or the Executive Committee may undertake such corrective action as deemed appropriate.

It shall be the responsibility of each practitioner to obtain the release of any information requested by the Association or the Medical Center.

Notwithstanding any other provision of these bylaws, the Association, the Medical Center, and the County of Los Angeles, and their officers, employees and agents, shall, to the fullest extent permitted by law, be entitled to utilize any information submitted, collected, prepared, or maintained by any practitioner, representative, or third party, in defense of any suit or claim brought against him any or all of them relating to any act or omission of any practitioner.

SECTION 4. IMMUNITY FROM LIABILITY

A. FOR ACTION TAKEN

Each representative of the County of Los Angeles, the Medical Center or the Association, and all third parties shall, to the fullest extent permitted by law, be exempt from any liability to any practitioner for any damages or other relief for any action taken or statements or recommendations made within the scope of his/her duties.

B. FOR PROVIDING INFORMATION

Each representative of the County of Los Angeles, the Medical Center or the Association and all third parties shall, to the fullest extent permitted by law, be exempt from any liability to any practitioner for any damages or other relief by reason of providing information to a representative of the County of Los Angeles, the Medical Center, or the Association, or to any other health care facility or organization or medical staff organization, concerning any practitioner who is or has been an applicant to or member of the Association or who did or does exercise clinical privileges or provide specified patient care services at the Medical Center.

SECTION 5. ACTIVITIES AND INFORMATION COVERED

The provisions of this Article shall apply to all acts, communications, reports, recommendations, and disclosures of any kind performed or made in connection with the activities of the Medical Center or the Association or of any other health care facility or organization or medical staff organization, concerning, but not limited to:

A. Applications for appointment, clinical privileges, or specified patient care services;

B. Periodic reappraisals for reappointment, clinical privileges

or specified patient care services;

C. Corrective action;

D. Hearings and appellate reviews;

E. ~~Patient care audits~~ Performance data from the quality assessment and improvement program;

F. Utilization reviews;

G. Other Medical Center, Association, department, division, or committee activities related to monitoring and/or maintaining quality patient care and appropriate professional conduct; and

H. National Practitioner Data Bank, peer review organizations, Medical Board of California, and similar reports.

SECTION 6. RELEASES

Each practitioner shall, upon request of the Medical Center or the Association, execute general and specific releases in accordance with the express provisions and general intent of this Article. However, execution of such releases shall not be deemed a prerequisite to the effectiveness of this Article.

ARTICLE XIV XIII

RULES AND REGULATIONS

SECTION 1. ASSOCIATION RULES AND REGULATIONS

Subject to the approval of the Director, the Executive Committee shall adopt, amend, or repeal, such rules and regulations of the Association as may be necessary to implement more specifically the general principles found within these bylaws. Such rules and regulations shall not be inconsistent with these bylaws or ~~other~~ the policies of the Medical Center. Following Executive Committee action, such rules and regulations shall become effective only upon approval by the Director, which approval shall not be withheld unreasonably. Such rules and regulations shall be reviewed, and may be revised if necessary, at least every two (2) years. If there is any conflict between these bylaws and such rules and regulations, the bylaws shall govern. If significant changes are made in the such rules and regulations, as determined by the Executive Committee, then the Association members and other persons with clinical privileges shall be provided with revised texts.

SECTION 2. DEPARTMENTAL RULES AND REGULATIONS

Subject to the approval of the Executive Committee and Director, each department shall adopt, amend, or repeal its own rules and regulations for the conduct of its affairs and the discharge of its responsibilities. Such rules and regulations shall not be inconsistent with these bylaws, the rules and regulations of the Association, or ~~other~~ the policies of the Medical Center. If there is any conflict between these bylaws and such rules and regulations, the bylaws shall govern.

ARTICLE XV XIV

INDEMNIFICATION AND LIABILITY INSURANCE

~~Each practitioner who renders services to and bills patients in the Medical~~

Center shall provide and maintain the following programs of insurance with the terms, conditions, endorsements and limits as may be determined by the County's Chief Administrative Office. Such programs of insurance shall be secured through carrier(s) satisfactory to the County and evidence of such coverage satisfactory to the County shall be delivered to the Medical Center prior to the rendering of such services in the Medical Center. Such evidence shall specifically identify the practitioner and contain express conditions that the County is to be given written notice at least thirty (30) days in advance of any modification or termination of any program of insurance.

~~A. GENERAL LIABILITY~~

~~Such insurance shall be primary to and not contributing with any other insurance maintained by the County and shall be endorsed naming the County of Los Angeles as an additional insured and shall include:~~

~~1. General liability insurance written on a commercial general liability form or on a comprehensive general liability form covering the hazards of premises/operations, contractual, independent contractors, products/completed operations, broad form property damage, and personal and advertising injury with a combined single limit of not less than One Million Dollars (\$1,000,000) per occurrence.~~

~~a. If written with an annual aggregate limit, the policy limit, the policy limit shall be three times the occurrence limit.~~

~~b. If written on a claims made form, practitioner shall provide an extended two (2) year reporting period commencing upon termination or cancellation of clinical privileges.~~

~~B. PROFESSIONAL LIABILITY~~

~~A program of professional liability insurance covering liability arising from any error, omission, or negligent act of the practitioner or his/her agents or employees with a limit of liability of at least One Million Dollars (\$1,000,000) per claim.~~

~~If written on a claims made form, practitioner shall provide an extended two (2) year reporting period commencing upon termination or cancellation of clinical privileges.~~

~~C. WORKERS' COMPENSATION~~

~~A program of Workers' Compensation insurance in an amount and form to meet all applicable requirements of the Labor Code of the State of California, including Employers Liability with a One Million Dollars (\$1,000,000) limit, covering all persons providing services on behalf of practitioner and all risks to such persons.~~

~~D. INDEMNIFICATION~~

~~Each such practitioner shall defend, indemnify and hold harmless the County, its officers, employees, and agents, from and against any and all liability, suits, expense, including defense costs and legal fees, and claims for~~

damages of any nature whatsoever, including, but not limited to, bodily injury, death, personal injury, or property damage arising from or connected with the practitioner's rendering of such services, including any worker's compensation suits, liability, or expense arising from or connected with services performed by or on behalf of any such practitioner pursuant to his Association membership.

Each such practitioner shall notify the County's Chief Administrative Office or its authorized claims representative by Department of Health Services incident report of any occurrence of injury, disease, illness, death, injury to or destruction of property, or any malpractice, error, or event that is potentially compensable (e.g., any adverse event related to hospitalization or treatment, any deviation from expected outcomes). If a claim is made or suit is brought against the practitioner and/or the County, the practitioner shall immediately forward to the County's Chief Administrative Office, or its authorized claims representative, copies of every demand, notice, summons or other process received by him or his representative.

Each such practitioner shall cooperate with and assist the County and the underwriters of the County's Comprehensive Hospital Liability and Medical Malpractice program by attending hearings and trials, securing and giving evidence as may be required.

All notices and other communications shall be addressed to the County's Chief Administrative Office, Risk Management Operations, 500 West Temple Street, Suite 754, Los Angeles, California 90012, or the County's authorized representative.

SECTION 1.

INDEMNIFICATION

Notwithstanding any other provision of these bylaws, each practitioner (other than a practitioner who (1) provides health services to a patient at the Hospital within the scope of his/her employment as a County Civil Service employee, whether classified or unclassified, (2) provides health services to a patient at the Hospital within the scope of a contract which he/she has entered into with the County and which has been approved by the Governing Body, or (3) provides health services to a patient at the Hospital within the scope of a contract which has been entered into between a non-County entity and the County and which has been approved by the Governing Body) who renders services to and bills patients in the Hospital shall indemnify, defend and hold harmless County, and its Special Districts, elected and appointed officers, employees, and agents from and against any and all liability, including, but not limited to, demands, claims, actions, fees, costs, and expenses (including attorney and expert witness fees), arising from or connected with practitioner's acts and/or omissions arising from and/or relating to the services provided to such patients by such practitioner.

SECTION 2.

GENERAL INSURANCE REQUIREMENTS

Without limiting any such practitioner's indemnification of

5019 County, each such practitioner shall provide and maintain the
5020 programs of insurance specified in this Article XIV. Such
5021 insurance shall be primary to and not contributing with any
5022 other insurance or self-insurance programs maintained by
5023 County, and such coverage shall be provided and maintained
5024 at the practitioner's own expense.

5025
5026 A. Evidence of Insurance: Certificate(s) or
5027 other evidence of coverage satisfactory to
5028 County shall be delivered to the Chief
5029 Medical Officer prior to any such
5030 practitioner rendering any services to any
5031 patient at the Hospital. Such
5032 certificates or other evidence shall:

5033
5034 1. Specifically reference these bylaws.

5035
5036 2. Clearly evidence all required
5037 coverages.

5038
5039 3. Contain the express condition that
5040 County is to be given written notice by
5041 mail at least thirty (30) days in advance
5042 of cancellation for all policies evidenced
5043 on the certificate of insurance.

5044
5045 4. Include copies of the additional
5046 insured endorsement to the commercial
5047 general liability policy, adding the
5048 County of Los Angeles, its Special
5049 Districts, its officials, officers and
5050 employees as additional insureds for all
5051 activities arising from and/or relating to
5052 the services provided by the practitioner.

5053
5054 5. Identify any deductibles or self-
5055 insured retentions for County's approval.
5056 The County retains the right to require
5057 the practitioner to reduce or eliminate
5058 such deductibles or self-insured
5059 retentions as they apply to County, or,
5060 require the practitioner to provide a bond
5061 guaranteeing payment of all such retained
5062 losses and related costs, including, but
5063 not limited to, expenses or fees, or both,
5064 related to investigations, claims
5065 administrations, and legal defense. Such
5066 bond shall be executed by a corporate
5067 surety licensed to transact business in
5068 the State of California.

5069
5070 B. Insurer Financial Ratings: Insurance shall
5071 be provided by an insurance company
5072 acceptable to the County with an A.M. Best
5073 rating of not less than A:VII, unless
5074 otherwise approved by County.

5075
5076 C. Failure to Maintain Coverage: Any failure
5077 by any such practitioner to provide and
5078 maintain the required insurance, or to
5079 provide evidence of insurance coverage

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acceptable to County, shall constitute a material violation of these bylaws and shall result in the immediate and automatic suspension of the practitioner's Association membership and clinical privileges as provided in Section 3 of Article VI. County, at its sole option, may obtain damages from the practitioner resulting from such breach.

D.

Notification of Incidents, Claims or Suits: Each such practitioner shall notify the County, or its authorized claims representative, by Department of Health Services incident report of any occurrence of disease, illness, death, injury to persons or destruction of property, or any malpractice, error, or event that is potentially compensable (e.g., any adverse event related to hospitalization or treatment, any deviation from expected outcomes). If a claim is made or suit is brought against the practitioner and/or the County, the practitioner shall immediately forward to the County, or its authorized claims representative, copies of every demand, notice, summons or other process received by him/her or his/her representative. In addition, each such practitioner shall cooperate with and assist the County, or its authorized representatives, in accordance with County and Medical Center procedures.

E.

Compensation for County Costs: In the event that any such practitioner fails to comply with any of the indemnification or insurance requirements of these bylaws, and such failure to comply results in any costs to County, the practitioner shall pay full compensation to County for all costs incurred by County.

SECTION 3.

INSURANCE COVERAGE REQUIREMENTS

A.

General Liability insurance (written on ISO policy form CG 00 01 or its equivalent) with limits of not less than the following:

General Aggregate: \$2 million
Products/Completed Operations Aggregate: \$1 million
Personal and Advertising Injury: \$1 million
Each Occurrence: \$1 million

B.

Automobile Liability insurance (written on ISO policy form CA 00 01 or its equivalent) with a limit of liability of not less than \$1 million for each

5141 accident. Such insurance shall include
5142 coverage for all "owned", "hired and "non-
5143 owned" vehicles, or coverage for "any
5144 auto."

5145
5146 C. Workers' Compensation and Employers'
5147 Liability insurance providing workers'
5148 compensation benefits, as required by the
5149 Labor Code of the State of California or
5150 by any other state, and for which such
5151 practitioner is responsible. This
5152 insurance also shall include Employers'
5153 Liability coverage with limits of not less
5154 than the following:

5155
5156 Each Accident: \$1 million
5157 Disease - policy limit: \$1 million
5158 Disease - each employee: \$1 million

5159
5160 D. Professional Liability insurance covering
5161 liability arising from any error,
5162 omission, negligent or wrongful act of the
5163 practitioner, its officers or employees
5164 with limits of not less than \$1 million
5165 per occurrence and \$3 million aggregate.
5166 The coverage also shall provide an
5167 extended two year reporting period
5168 commencing upon termination or
5169 cancellation of clinical privileges.
5170

5171 ARTICLE XVI

5172 GENERAL PROVISIONS

5173 SECTION 1. CONSTRUCTION OF TERMS AND HEADINGS

5174
5175 Words used in these bylaws shall be read as the masculine ~~of~~ or
5176 feminine gender and as the singular or plural, as the context requires. The
5177 captions or headings in these bylaws are for convenience only and are not
5178 intended to limit or define the scope or effect of any provision of these
5179 bylaws.
5180

5181 SECTION 2. EXECUTIVE COMMITTEE ACTION

5182
5183 Wherever these bylaws require or authorize action by the Executive Committee,
5184 such action may be taken by a subcommittee of the Executive Committee, to
5185 which the Executive Committee has delegated the responsibility and authority
5186 to act for it on the particular subject matter, activity or function involved.
5187

5188 SECTION 3. AUTHORITY TO ACT

5189
5190 Action of the Association in relation to any person other than the members
5191 thereof shall be expressed only through the President ~~or~~ of the Association
5192 or the Executive Committee, or his/her or its designee, and they shall first
5193 confer with the ~~Administrator~~ Chief Executive Officer. Any member who acts
5194 in the name of the Association without proper authority shall be subject to
5195 such disciplinary action as the Executive Committee or the ~~Administrator~~ Chief
5196 Executive Officer may deem appropriate.
5197

5198 SECTION 4. ACCEPTANCE OF PRINCIPLES

All members of whatever category do by application for membership in the Association agree to be bound by the provisions of these bylaws, a copy of which shall be delivered to each member or on his/her initial appointment and a copy of each amendment thereto which shall be promptly delivered after adoption. Any violation of these bylaws shall subject the applicant or member to such disciplinary action as the Executive Committee or the Administrator may deem appropriate.

SECTION 5. PUBLICATIONS

A. PUBLICATIONS COMMITTEE APPROVAL

~~No member shall offer for publication any article, paper, book, report, photograph, x ray film, or other materials arising out of work done in the Medical Center without first securing the approval of the Publications Committee. Requests for permission to publish any such materials shall be in writing stating the specific purpose for which the materials are to be utilized and shall be accompanied by an evaluation form.~~

B. LIABILITY RELEASE

~~All publications arising out of work done in the Medical Center shall give credit to the Medical Center, but shall relieve the Medical Center, the Association, and the County of any and all liability for the contents and conclusions.~~

C. LIBRARY FILE

~~A copy of every article, paper book, report or other materials published by a member of the Association shall be furnished by the author to the Medical Director for inclusion in the appropriate library file.~~

ARTICLE XVII XVI

CONFLICT OF INTERESTS

Notwithstanding any other provision of these bylaws, no person who is in any way involved in an application for, or the conduct of, any medical research project which is or may be performed in whole or in part at a Los Angeles County facility shall in any way participate in the County's approval or ongoing evaluation of such project or in any way attempt unlawfully to influence the County's approval or ongoing evaluation of such project.

ARTICLE XVIII

FEEES AND PROFITS

SECTION 1. GENERAL RULES

Except as otherwise provided by County contract, no member of the Association shall bill, accept, or receive any fee or gratuity for any type of service rendered to any patient under the jurisdiction of the Medical Center, except as to those patients who are designated as private patients of that member upon admission, or where that member is called as a consultant for a private patient of another member.

SECTION 2. DIVISION OF FEES

The practice of the division of fees under any guise whatsoever is forbidden, and any such division of fees shall be cause for exclusion from the Association.

SECTION 3. RESEARCH

No member of the Association shall receive any direct pecuniary gain from any patient or sources on behalf of any patient as ~~the~~ a result of research conducted in the Medical Center.

ARTICLE XIX XVIII

AUTHORITY OF DIRECTOR OF HEALTH SERVICES

SECTION 1. APPROVAL

~~Notwithstanding any other provision~~ In accordance with the provisions of these bylaws, no appointment or reappointment to membership or grant of clinical privileges shall be effective unless and until approved by the Director, and no suspension or termination (including, without limitation, any denial of reappointment, but not including any automatic suspension or termination) of the membership or all or any portion of the clinical privileges of any person shall be effective unless and until approved by the Director, provided that in cases of emergency where there is a likelihood of direct and immediate danger to the health or safety of any person, the ~~Medical Director~~ Chief Medical Officer, or his/her authorized representative in his/her absence, may temporarily suspend all or any portion of the clinical privileges of any person for a period not to exceed three (3) working days (excluding weekends and holidays) pending investigation and action by the Director.

SECTION 2. GRANT PRIVILEGES

Notwithstanding any other provision of these bylaws, the Director, ~~shall, in the interest of patient care and in his/her sole discretion, after considering the recommendations, if any, of the Executive Committee (except that the Director shall not consider the recommendations of the Executive Committee in instances where these bylaws authorize the Director to take action without such recommendations)~~ and in the interest of patient care, shall have the authority to grant clinical privileges other than those requested as well as modify, suspend, or terminate the membership and/or all or any portion of the clinical privileges of any person in the attending staff.

SECTION 3. CIVIL SERVICE REQUIREMENTS

Notwithstanding any other provision of these bylaws, the Director, ~~after considering the recommendations, if any, of the Executive Committee,~~ shall have the authority to take such action as he/she deems necessary and appropriate relative to all aspects of the membership and/or clinical privileges of any person in order to accommodate and carry out orders of the County Civil Service Commission or other Civil Service requirements.

ARTICLE XX XIX

CONFLICTS

In the event of any conflict between the provisions of these bylaws and of any County ordinance or State or Federal law or regulation, the provisions of the latter shall govern.

ARTICLE XXI XX

AMENDMENT OF BYLAWS

These bylaws may be amended at any annual, ~~quarterly~~ or special meeting of the Association, provided that notice of such business is sent to all members no later than ten (10) days before such meeting. The notice shall include the exact wording of any proposed amendment, and the time and place of the meeting. To be adopted, an amendment shall require an affirmative two-thirds vote of those present and eligible to vote, provided that a quorum exists. Amendments shall be effective only if and when approved by the Governing Body, which approval shall not be withheld unreasonably. Neither the Association nor the Governing Body may unilaterally amend these bylaws.

5336 APPROVED by the Professional Staff Association on _____, 1997.
5337
5338
5339 _____
5340 President - Professional Staff Association
5341 APPROVED by the Chief Medical Officer on _____.
5342 _____
5343 Roger Peeks, M.D.
5344 Chief Medical Officer
5345
5346 APPROVED by the Chief Executive Officer on _____, 1997.
5347 _____
5348
5349 Chief Executive Officer - Los Angeles County
5350 Martin Luther King, Jr./Charles R. Drew
5351 Medical Center
5352
5353 APPROVED by the ~~Associate Director~~ Chief Medical Officer of Health Services,
5354 ~~Clinical and Medical Affairs~~, on _____, 1997.
5355 _____
5356 ~~Associate Director of Health Services,~~
5357 ~~Clinical and Medical Affairs, Los Angeles~~
5358 ~~County Department of Health Services~~
5359 Thomas L. Garthwaite, M.D.
5360 Chief Medical Officer of Health Services
5361 Los Angeles County
5362 Department of Health Services
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5364
5365 APPROVED by the Director of Health Services on _____, 1997.
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5367 _____
5368 Thomas L. Garthwaite, M.D.
5369 Director -
5370 Los Angeles County
5371 Department of Health Services
5372
5373 APPROVED by the Governing Body on _____, 1997.
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5376 _____
5377 Chairman of the Board of Supervisors of Los
5378 Angeles County
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5380 APPROVED AS TO FORM:
5381 ~~DE WITT W. CLINTON~~ RAYMOND G. FORTNER, JR.
5382 Chief Deputy County Counsel
5383
5384 By _____
5385 JAMES KASHIAN
5386 Principal Deputy County Counsel
5387 Public Services Division
5388
5389 ~~bylawmlk.97 (8/22/97)~~
5390 DRAFT #1 - 1/26/04
5391 DRAFT #2 - 3/29/04
5392 DRAFT #3 - 4/7/04
5393 DRAFT #4 - 4/13/04
5394 DRAFT #5 - 4/13/04
DRAFT #6 - 4/21/04

APPROVED by the Professional Staff Association on

10/26/04

Lauryn P. Scott

President - Professional Staff Association

APPROVED by the Chief Medical Officer on 10-26-2004.

Roger Peek

Roger Peek, M.D.
Chief Medical Officer

APPROVED by the Chief Executive Officer on

10-26-04.

David Runkle

Chief Executive Officer - Los Angeles County
Martin Luther King, Jr./Charles R. Drew
Medical Center

APPROVED by the Chief Medical Officer of Health Services, on _____.

Thomas L. Garthwaite

Thomas L. Garthwaite, M.D.
Chief Medical Officer of Health Services
Los Angeles County
Department of Health Services

APPROVED by the Director of Health Services on _____.

Thomas L. Garthwaite

Thomas L. Garthwaite, M.D.
Director
Los Angeles County
Department of Health Services

APPROVED by the Governing Body on _____.

Chairman of the Board of Supervisors of Los
Angeles County

APPROVED AS TO FORM:
RAYMOND G. FORTNER, JR.
Chief Deputy County Counsel

By

James Kashian

JAMES KASHIAN
Principal Deputy County Counsel